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THE HOPPER WILL CASE.

[We are permitted to publish the following opinion, lately given in the Court of Appeals of this State, in the case of "The American Seaman's Friend Society and others, v. Hester Hopper and others." The judgment of the Court was in conformity with the opinion. This interesting case, in which the question of insanity is the chief issue, is an inquiry into the validity of the will of Charles Hopper, deceased. The statement and opinion so fully comprise the material facts brought out on the trial, that no additional history of the case seems to be required.—EDS.]

This is an appeal from a judgment of the Supreme Court, affirming a determination of the Surrogate of the county of New York, which refused to admit to probate a paper propounded as the last will and testament of Charles Hopper, deceased. The alleged will bore date the 28th of October, 1861, and the deceased died on the first day of November, four days afterwards. The paper was propounded by Chauncey Shaffer, one of the two persons named in it as executors, on the sixth day of the same month of November. A citation was issued to the widow and next of kin, who appeared by proctors and counsel on the return day, the 26th of December; and on that and several other days prior to the 11th of March, 1864, the proofs were taken and the parties duly heard, and on the last mentioned day the Surrogate made an order or decree declaring Charles Hopper, the alleged testator, incompetent to make a will, and that the paper

propounded was not executed and attested in the manner prescribed by law, and hence that he died intestate.

The appeal to the Supreme Court was by the residuary devisees, the American Seaman's Friend Society, and the Ladies' Union Aid Society of the Methodist Episcopal Church of the city of New York, and by Chauncey Shaffer, one of the persons named as executors. The order of the Supreme Court affirming the decree of the Surrogate, was made on the 1st of May, 1865. The same parties who had appealed to the Supreme Court then brought the present appeal, making the parties who had contested the probate before the Surrogate parties respondents.

Denio, C. J.—Charles Hopper, the validity of whose alleged will is the subject of controversy on this appeal, died at his residence in Mott street, in the city of New York, on the first day of November, 1861, at the age of about sixty-seven years. He had no descendants living, but he left surviving him his widow Hester, and a sister, Elizabeth Wiley, a widow, and six nephews and a niece, the children of a deceased brother, Thomas Hopper. Besides these he left other relatives, not entitled to succeed to his estate upon intestacy, namely: three sons and a daughter of his sister, Elizabeth Wiley, and a grand-nephew, a grandson of his said sister. The widow of the deceased brother was also living. These relatives, for the most part, resided in the city of New York or in Brooklyn, though three of the nephews and the grand-nephew lived in other States of the Union.

He left an estate, the greater part of which was in buildings and lots in the cities of New York and Brooklyn, valued at between eighty and one hundred thousand dollars. By his will, executed when he was very ill,

four days before his death, he appointed Chauncey Shaffer, a counsellor at law, and Abraham M. Fanning, a real estate agent, his executors; and he constituted them trustees of all his estate not specially devised. He gave to his wife, (in addition to her dower,) besides his beds, bedding, and household furniture, and her clothing, a house and lot in Brooklyn, on condition that she should release her dower in another house and lot in New York, which, in the subsequent part of his will, he devised to his nephew John R. Hopper, and Mary Hopper his wife; but if she should elect to receive the rents of the house in Brooklyn, and an annuity of fourteen hundred dollars per annum, both for life, in lieu of dower in all his estate, he gave her the option to do so. He gave to Mrs. Colton, a married niece, the daughter of his sister Mrs. Wiley, and her children, one dollar each; to the grandnephew, Charles Wiley, living at Janesville, Wisconsin, three hundred dollars per annum until he should come of age, for his support and education. He devised to his said nephew, John R. Hopper, and Mary his wife, a house and lot situated on Tenth avenue, New York, in fee, and to each of their children who should be living at his death, one hundred dollars each; "to each and every of the children of my brothers and sisters living at the time of my decease, and who are not hereinbefore provided for, the sum of one dollar each, whether the parents of said children be living or dead at the time of my decease;" and to Mary Russell, his nurse, the sum of two hundred dollars. All the residue of his property, real or personal, he bequeathed and devised to his executors, or the one who should qualify, in trust, as to the personal to convert into money, with all reasonable dispatch, and as to the real to sell it within a reasonable

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time after the expiration of the existing leases upon it, and to divide the proceeds equally between the two charitable societies above mentioned as appellants; in the case of the Seaman's Friend Society, to be applied to the benefit of shipwrecked and other destitute seamen, and in the other case, to the comfortable residence, support, employment, and medical and other necessary care of aged and infirm females.

Charles Hopper was either a native of the city of New York, or came there at an early age, and commenced life as a butcher in the Franklin Market, which business he pursued for many years, and until he had accumulated a considerable estate; but he retired from business several years before his death, and thereafter had no employment except the management of his property. He had but little education and was quite illiterate, as is apparent from all the testimony, and some specimens of his writing which were given in evidence. In early life he married the wife who survived him, with whom he lived on ordinarily amicable terms down to about five or six years before his death. They had one child, a daughter, who lived to be married, but who died without living issue before his troubles with his wife and relations appear to have commenced. As to his character, disposition and habits prior to the change in them which, it is alleged, occurred, the evidence shows that he was an active and energetic man of business, fond of gain, laboring hard to acquire property, and investing it with reasonable judgment and discretion. He was brusque in his address, positive, wilful, and headstrong in his purposes and opinions, and impatient of contradiction. He was coarse and profane in his conversation, and much addicted to the use of ardent spirits; though he was not

often, until the latter part of his life, so far intoxicated as to affect his capacity for business. If his declarations may be trusted, he was a disbeliever in revealed religion; and he had taken up a very strong prejudice against ministers and clergymen of all religious denominations; believing, or pretending to believe, that they embraced the profession for selfish purposes, and employed it for base ends, especially in regard to the female members of their congregations. I do not mean to say that all these disagreeable traits in his character are proved by any one witness, or are shown to have been manifested at all times; but they are the fair result of all the voluminous testimony in the case.

Prior to the year 1855 or 1856, there is no pretence that he was not fully competent to make a testamentary disposition of his property. Even after that period, and down to the time of his death, whenever his state of health enabled him to be abroad, he continued to attend to the making of small purchases for family use; and it was not usually apparent to those who dealt with him in such matters, that his mind was otherwise than entirely sane. During this period, the business of collecting his rents and investing his moneys was committed to persons employed as agents by him, and under his directions.

It appears that about the year 1856, or somewhat earlier, he commenced to have apprehensions of his wife and his relations, and suspected them of a design to break up his family, exhibiting on these subjects a good deal of excitement, and talking about them constantly. According to the testimony of Mr. Van Antwerp, a lawyer who was a good deal employed by him in his legal business, and was, with his partner, for several years his only counsel, this disposition of mind continued

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to increase, getting, as he expressed it, worse and worse, and more excited all the time; and he was constantly making new allegations against several persons, of a conspiracy to cause his death. In the summer of 1859, he was arrested by policemen, by order of the mayor, charged with threatening to assault his wife; and he gave bail to keep the peace for six months, Mr. Van Antwerp being his surety. About this time his wife left his house, alleging that he had committed violence upon her person, and she soon afterwards commenced an action for separation, on the allegation of threats and cruel treatment, which made it, as she alleged, unsafe for her to live with him. They lived separate ever afterwards. She appears to have had no kindred of her own blood, and no family connections except the relations of her husband. Two of his nephews, John R. Hopper and Capt. William L. Wiley, took part with her, and gave her some assistance in the legal proceedings; and the sympathy of all the others seems to have been in the same direction. This caused a state of high indignation on his part, and from this time until his death he believed, or affected to believe, that they were conspiring together, and with other persons, to destroy his domestic happiness, and in some secret manner to take his life.

The question which arises upon the evidence is this: Whether his conduct and declarations, from the commencement of the suit for a separation, embracing perhaps a year or two prior to that period, down to his decease, were simply the manifestation of an excitable, coarse, ill regulated and suspicious mind, made more intense by his habits of intemperance, or were the consequence, on the other hand, of an insane delusion, which led him to regard as certain truths, and actually to

believe in the existence, on the part of his wife and his relations, of conduct and intentions substantially such as he imputed to them. I am perfectly satisfied that there was no foundation in fact for the gross imputations upon his wife, or for the charge against his relations, all or any of them, of a design upon his life, or an intention to do him any bodily injury; and that the idea of a conspiracy to injure him, otherwise than by promoting the suit which his wife was prosecuting, was either feigned or purely imaginary. If feigned, it is not enough to defeat the will. If he did not really believe what he alleged to be their criminal conduct and intention; if he uttered the injurious imputations by way of personal abuse, in order to gratify a depraved and malicious disposition, or for the purpose of defaming or otherwise injuring them in the estimation of their acquaintances and the community,—any or all of these dispositions and motives, though most unworthy and reprehensible, would fall short of that degree of mental perversion which would enable the Court to pronounce him *non compos mentis*, and incapable of disposing of his property by will. On questions of testamentary capacity, courts should be careful not to confound perverse opinions and unreasonable prejudices with mental alienation. These qualities of mind may exist, even in a high degree, and yet, so far as regards the view which the law takes of the case, the subject may be sane, and competent to perform a legal act, and be held responsible for crime. Setting aside cases of dementia, or loss of mind and intellect, the true test of insanity is mental delusion. If a person persistently believes supposed facts which have no real existence except in his perverted imagination, and against all evidence and probability, and conducts

himself, however logically, upon the assumption of their existence, he is, so far as they are concerned, under a morbid delusion; and delusion in that sense is insanity. Such a person is essentially mad or insane on those subjects, though on other subjects he may reason, act and speak like a sensible person.* If the deceased in the present case was unconsciously laboring under a delusion, as thus defined, in respect to his wife and his family connections, who would naturally have been the objects of his testamentary bounty, when he executed the will, or when he dictated it, (if he did dictate it,) and the Court can see that its dispository provisions were, or might have been, caused or affected by the delusion, the instrument is not his will, and can not be supported as such in a court of justice. The conduct and designs which he imputed to his wife and relations were such as, upon the assumption of their existence, should have justly excluded them from all share in the succession to his estate.

I have examined with great care the mass of evidence in this case, not with a view of determining whether the imputations were true, for of that, as I have said, there is no evidence or probability, but for the purpose of satisfying myself whether the deceased really believed them, or threw them out for purposes of abuse, and to gratify revengeful feelings, arising out of the prosecution of the suit for a separation, or otherwise; and I will premise, that I have not, upon this branch of the case, relied upon any part of the evidence in respect to which the testimony is contradictory, or upon the uncorroborated deposition of any witness against whom there seemed

* See *Dew v. Clark*, 3 Addams Eccl. Rep. 79.

any just ground for imputing partiality, or interested motives.

Mr. Van Antwerp, before referred to, is wholly unconnected with the parties to the controversy. He had been the attorney and legal adviser of the deceased, from the year 1846 down to April, 1860, about a year and a half before he died. He appears to be a gentleman of observation and good sense, and his profession would lead him to speak with more precision and intelligence than several of the other witnesses who were examined. According to his testimony, the excitement of the deceased respecting his domestic affairs appears to have commenced about the beginning of 1856, and during the ensuing three years and a half, the witness thinks he conversed with him on these subjects as many as an hundred and fifty times; he continually making new allegations of circumstances, and of the acts of parties confirmatory, in his opinion, of his suspicions. At first it seems that the allegations were, that the suspected parties were interfering with his domestic affairs, and attempting to break up his family. In the year 1858, he began to entertain the idea that persons were attempting or conspiring to take his life. On one occasion he confidentially informed the witness that the suspected parties had chartered a steamboat, on the pretence of going on a fishing expedition, and had induced him to accompany them; and that after he got on board, he discovered that their design was to make way with him, for the purpose of getting his property. On another occasion, about the same time, he sought a private interview with the witness, in the back room of his office, and informed him that there were parties who had procured a carriage and some men, and had driven into the

neighborhood of his house, with a design to seize and take him to the lunatic asylum. He said he had got the information from an individual, whom he refused to name, because, as he said, he feared that if he did they would kill him. He declared he would not venture to go home that afternoon, but would go over to Hoboken, and return in the night. There is no evidence or reason to believe that any such design was entertained by any person. On the occasion of his being brought before the mayor, on a complaint of his wife, he was very anxious that Mr. Van Antwerp should cause the proceedings to be published in the newspapers, for the reason, as he stated, that the suspected parties would get frightened, and he would thus "get rid of the whole tribe." After he had been sued by his wife for a separation, he insisted that a suit should be commenced by him against her, on the ground of adultery on her part. On being required to name the other party to the criminal intercourse, he mentioned the names of several prominent clergymen of the Reformed Dutch Church, she being an attendant of one of those churches, and said they were around his house all the time. On the witness declining to commence a suit, he proposed to him to procure his wife to confess her guilt, and agreed to pay him for that service whatsoever he had a mind to ask; and said he would give his wife as much money as she wanted, to enable her to live like a lady all the remainder of her life.

Mr. James, the partner of the last mentioned witness, and who seems well qualified to give trustworthy evidence, deposed to several conversations between the witness and himself, independently of those mentioned by Mr. Van Antwerp. He says the deceased would often come to his office, and mention having met individuals

in the street who stopped him and spoke to him; and he said he knew they had a design in doing it, which was to entrap him in regard to his wife's suit. The witness says that the deceased was impressed with a notion, which he never got over, that there was a conspiracy, on the part of his wife and several clergymen of the city of New York, to break up his marital connection with her; and that these clergymen were in the constant habit of illicit intercourse with her, and that she had been diseased by one or more of them, and had communicated the disorder to him. The witness endeavored to convince him of the absurdity of his accusation, by stating that the clergymen named were men advanced in years, and of high character, and that his wife was also old. But his efforts were without success. The deceased appears to have taken up the idea, pending the suit for a separation, that there was an apartment in Broadway, distinguished by a sign on which a human eye was painted, which was visited by his wife, for the purpose of illicit intercourse with the persons whom he had mentioned. When the examination of witnesses in the suit for separation took place, he insisted that a Miss Warner, who had lived in the family, and who had been examined on behalf of his wife, should be cross-examined about that place, which, he said, he had seen her enter. It does not appear whether the cross-examination embraced that topic, but it was foreign to the issue, and probably was not pursued. He constantly expressed to this witness, that there was a conspiracy among his friends and family relatives, to kill him or get him into prison.

It would be tedious to refer particularly even to the principal witnesses who testify to his declarations respecting the alleged infidelity of his wife, and the supposed

conspiracy to assassinate him. They are quite numerous, and their testimony shows that his mind was constantly occupied with those apprehensions, to the exclusion of almost every other subject. But I ought not to omit the testimony of Dr. Downs, on account of his profession and the superior opportunities which he possessed for observing the deceased, and his connection with the execution of the will, to which he was one of the attesting witnesses. Dr. Downs is a physician practising in the City of New York, and had been the medical attendant of the deceased for the last year of his life. The deceased had been much ill during the time, the doctor having visited him professionally, as he states, about eighty times previously to the injury, which occurred about a week before his death. I limit my notice of his deposition to the two topics, the infidelity of his wife, and the alleged conspiracy to take his life. The deceased stated to the doctor, at about the commencement of his attendance, that he had pains in his loins, limbs, and head, and ulcers and sores upon him; that these were produced through his wife, and were the result of disease arising from her intercourse with other men. He mentioned the names of three well known and respected ministers of the Dutch Church, as parties with whom the intercourse had taken place, and stated that one of them had been detected in going over a fence to get away from his house. He affirmed that he had proof that she went to houses of assignation, and that the Miss Warner who lived with him, and was the person who had been examined in the suit for a separation, had knowledge of her infidelity, and that he had offered her money to tell all she knew. The Doctor swore that the deceased appeared to believe these imputations respecting his wife.

On the subject of the conspiracy, the deceased, according to the testimony of this witness, alleged that all his relations were set against him, and were endeavoring to kill him by the administration of chloroform, or some other means, in order to get his money, which, he said, amounted to about $100,000. He included in these charges all of his family relatives, and was particularly suspicious of two of his nephews, John R. Hopper and Captain Wiley. He pretended to have been under the influence of chloroform, through their procurement, several times, and to have been once knocked down in the street by some one of the party; and whenever any trifling accident happened to him, such as falling, he would attribute it to the influence of chloroform, administered by the agency of some of them. These declarations, he says, were repeated constantly, and though he would sometimes apparently convince him of their absurdity, he would renew them, until the Doctor desisted from all conversation with him on the subject. The Doctor declares on his oath, that he considered him a monomaniac in respect to his family and relatives. It is doubtless some detraction from the value of the Doctor's testimony, that he countenanced the execution of the will, by becoming an attesting witness; though he declares that he informed persons beforehand that he did not suppose the instrument could be sustained. But considering the apparent candor of his answers, and the amount of corroboration, I am induced to believe in the substantial accuracy of his statements.

A great number of witnesses, in addition to those already mentioned, relate declarations and conversations of the deceased, on a great variety of occasions, to the same general effect as those stated. It appears to have

been the principal topic of his conversation, for a year or two before his death, that he was habitually pursued by a combination of persons, embracing all his relatives, whose design was to effect his death, by chloroform or by violence; and that his wife was continually engaged in illicit amours, at assignation houses and other places. He repeatedly made offers of money to persons totally unconnected with his family, but whom he suspected of some knowledge of the conspiracy, if they would come out and expose the conspirators. One of these witnesses, the nephew John R. Hopper, gives testimony covering the whole ground; but as he cannot be considered indifferent, from his being a party to the litigation, and on account of difficulties with the deceased and with Mr. Shaffer, who drew up and has propounded the will, I do not refer particularly to any part of his deposition, except that which relates to the pretended place of assignation frequented by his wife; and I mention this only on account of a slight incidental corroboration, existing in the hand writing of the deceased himself. Mr. Hopper swears that the deceased very often referred to the sign of a human eye, in front of an oculist's office in Broadway, between Bleeker and Houston streets. The deposition proceeds as follows: "He stated that the eye was used to direct his wife as to what time it would be safe for her to come out of the house—her and Mary Ann Warner—and when she ought to stay in the house; that sometimes the sign would be on the right side of the door, and sometimes on the left," etc. Several of the other witnesses speak of his statements respecting this sign, intimating that it designated a place where his wife was accustomed to meet persons with whom she had criminal intercourse. In a book containing entries in the hand-

writing of the deceased, in the form of a diary, but very illiterate and incoherent in its general tenor, there is found this minute: "1857, Feb.—After the ign of the Human Eye was taken *down and put on the left side of the door some days after remove all*—together the day that Mrs. Shipman was at my house and James Demarest and wife and her sister and Mrs. Reed called on Mrs. Williams of Bangor for to tell about the sign." The entry apparently refers to the employment of the sign as a signal, and shows that his mind was early exercised upon it, and its removal from one side of the door to the other, apparently as a signal for some purpose. Standing alone it would, of course, have little or no weight, but connected with the other testimony, it has some tendency to show how strong the delusion was upon that particular subject.

In referring to the evidence on the part of the contestants, I have omitted a great deal which is related by them showing the folly, fatuity and incoherence manifested by the deceased on various occasions, and upon different subjects. They afford some ground for imputing to the deceased general insanity. But as he was an habitual drinker, and was frequently intoxicated, it is impossible to say whether what is deposed to was the result of temporary intoxication or of settled mania. I have, therefore, in coming to a conclusion relied wholly upon the proof of delusion upon the two subjects intimately connected with the testamentary disposition of his property.

The party propounding the will has examined a great number of witnesses, many of whom knew the deceased but slightly, and who speak of trifling transactions of business, such as purchases of provisions and articles of

family marketing. This class of witnesses, when they found him able to transact such affairs, and saw nothing extravagant or peculiar in his manner, readily pronounced him of sane mind. In cases involving questions of mental capacity, I have generally found opinions of unprofessional witnesses, with only a short or slight acquaintance with the party, of little value. If the witnesses, though not professional, have had a long and intimate acquaintance with the person of whom they are called upon to speak, and are, moreover, persons of intelligence, and detail the facts upon which their opinions are founded, their testimony is often extremely useful. Where the mental disorder is a delusion upon one or a few particular subjects, the testimony of persons with whom he has not had occasion to speak on these subjects is of no weight. The considerable number of shopkeepers, mechanics, and retail dealers who have been called upon to pronounce upon his capacity, have not appeared to me to overcome, in any appreciable degree, the testimony on the other side, which I have adverted to. It is worthy of remark, however, that several of the persons who have been examined by the proponent, and who have given opinions favorable to his capacity, have, on cross-examination, remembered declarations of the deceased strongly confirmatory of the evidence of delusion produced by the contesting parties.

The symptoms of delusion upon the two subjects so often adverted to, appear to have continued in their full force down to the time of the injury by being burned, which the deceased received on the 20th of October, about a fortnight before his death. This injury reduced his strength, and diminished the violence of his language to some extent, and it was during this period of debility

that the will was executed; but I am unable to find any evidence that the delusions under which he had been laboring were dispelled. Dr. Downs, who had the best opportunity of observing, states that he held the same language, in substance, respecting his family, but that he was less violent and demonstrative in his expressions; owing, as the Doctor supposes, to his debility.

The will makes a certain provision for his wife, though much less than we should look for, considering the amount of his property, and the fact that he left no descendants, if he had not taken up the insane and absurd belief, that in her old age she had been constantly violating her marriage vows. He also makes a certain provision for John R. Hopper, one of the nephews, and his children—the one against whom he entertained the most violent animosity, and whom he sometimes charged with inflicting the injury which hastened his death. But he gives nothing to his widowed sister, and only the nominal sum of one dollar each to her children, and to his other nephews and nieces; and he bestows the bulk of his estate on two charitable societies, meritorious no doubt, but which, it is apparent from his general modes of thinking, he would never have conceived the idea of endowing, if he had not determined to disinherit the natural objects of his bounty, from an insane belief that they had long been conspiring against his happiness and his life.

I have omitted to speak of many subjects which were much litigated in the evidence, and enlarged upon in the argument. They relate, for the most part, to immaterial issues, though they occupy a large space in the two volumes of testimony which have been laid before us. The effort to charge John R. Hopper with the attempt

to assassinate the deceased, by laying him upon a hot stove, and thus causing an injury which no doubt hastened his end, I dispose of by saying that it is without evidence, and against all rational probability, and is disproved by the evidence of the contestants. Besides, this same person is more favorably considered in the will than any other of his relatives; and furthermore, the determination of the deceased to disinherit his relatives, according to the testimony on the part of the contestants, was formed long before the happening of the injury. The same remark may be made respecting the difficulty which is said to have occurred between him and Captain Wiley. He was cut off, not so much on account of any personal objection to him individually, for he was placed in the same category with his brothers and sisters, but as a part of the determination by which the family were deprived of the succession, on account of their conspiracy against him.

I regard the allegations of an insane delusion on the part of the deceased, on the subjects so often referred to, as satisfactorily established by the testimony; and this alone would compel us to pronounce against the will.

I have thus far assumed the execution of the instrument to have been satisfactorily established. The deceased is shown to have assented to the provisions of the will, as it was read over to him by Mr. Shaffer, in the presence of the two physicians who became attesting witnesses, and of Mr. Fanning; and to have assented to the publication of it as his will, and to the request of the witnesses to subscribe it; and he took hold of the pen when Dr. Downs wrote his name at the end of the instrument. It is a little uncertain, however, from the evidence, whether his assent was by a nod or

gesture, or by words; but if by words, they were limited to affirmative answers to questions put by Mr. Shaffer. I do not doubt but that a will may be legally executed in this manner. But the evidence ought to be satisfactory that the testator was capable of understanding what was proposed to him. Now, according to the testimony of Dr. Vanderpoel, the deceased was then in extremity. He was separated from every member of his family, and no attempt was made to put him in communication with any of them. He had none of the attentions, nor any of the comforts, which a man of large pecuniary means, and with a numerous kindred, could easily have commanded if he had been properly dealt by. The nurse, if she could be so called, was a woman habitually intemperate, and often drunk, and otherwise extremely vicious. Dr. Vanderpoel swears that he thought him the most God-forsaken man he ever saw, and the other evidence fully bears him out.

The evidence which relates to the precise time of execution, is adverse to the validity of the will. The two attesting witnesses, Drs. Downs and Vanderpoel, and Messrs. Fanning and Schaffer, were present. Of these, Dr. Downs and Mr. Fanning thought him incompetent to understand and execute such an instrument. The former, it will be remembered, had been his attending physician for more than a year, and Mr. Fanning had been his agent for collecting his rents for a longer period; and both had been in constant, and, for a considerable part of the time, in daily intercourse with him. Dr. Vanderpoel saw him for the first time when he came to witness the will, and though he attended him, in consultation with Dr. Downs, from that time until his death, he had not at any time any conversation with him, ex-

cept to ask such questions as professional duty required, and to receive answers in monosyllables. He frankly admits that sufficient did not occur in his presence to enable him to form an affirmative opinion as to his competency; but he says he neither saw nor heard anything to enable him to give any other opinion than that he was sane. Mr. Shaffer is understood to affirm that he was competent, and there is no doubt but that his opportunities of observation were ample. The weight of evidence, if the case depended on that interview, would be against the testamentary capacity of the deceased at the moment of the execution.

The will was drawn on the same day by Mr. Shaffer, and, if the testimony of Mr. Fanning is to be believed, and I am inclined to credit it, there were no intelligible instructions given. On the morning of the day on which it was executed, there was an interview between the deceased and Mr. Shaffer and Mr. Fanning, around the sick bed of the former. The final instructions, if there were any, were given on that occasion. Mr. Shaffer would ask the questions, and the deceased was understood generally to have assented to what was proposed; but in a manner, according to Mr. Fanning, not denoting any intelligent appreciation of what was going forward. For instance: The question was asked what should be given to John Hopper? The deceased replied, "Give him all." The witness says, "Other names were asked, but the deceased could not and did not give a name." He says that Mary Russell, the nurse, who was present, gave a number of the names—of his relatives, as I understand. After some other propositions, to which the deceased assented, it was asked what should be given to this Mary Russell, the nurse; and the reply

of the deceased was, "Give it all to her. She may as well have it as anybody." At the close of this conversation the parties separated, and the will was drawn at the office of Mr. Shaffer, at a later period of the day, and executed in the evening; Mr. Fanning being present when the principal provisions were written down. I am aware that Fanning is contradicted in a good deal he has sworn to by Mr. Shaffer, and it may not be an easy matter to determine which version to credit. Fanning having refused the executorship, has no possible interest in the result. Shaffer, if the will is sustained, becomes the devisee in trust of this considerable estate, with no person to call him to account except the charitable institutions; which, under the circumstances, would not be likely to be very exacting beneficiaries. It would be apparent to them that they owed the gift to Shaffer's agency; and his wife was a manager of one of them. That he entertained the idea of profit from the position, is admitted by himself; and it is not difficult to see that the management of such an estate by an attorney for a course of years, would yield something of an income. He may be regarded, I think, as taking a substantial benefit under the will. Considering the condition of extreme debility of the deceased, I think some corroborative evidence of instructions, beyond the deposition of Mr. Shaffer, ought to have been given. Reading a will to a testator in the presence of the witness is usually enough, even where it has been drawn by a party who takes an interest under it; but this supposes that the testator has capacity to understand it. I am not at all satisfied that the deceased was in such a condition. To say the least, it was a case of doubtful capacity. Seeing that at an interview in which instruc-

tions were professed to be received, on the same day the will was drawn, there was not one word said respecting the principal legatees, and that the deceased was *in extremis* when the formal execution took place, I am obliged to say, that there should have been further evidence of directions to prepare a will disinheriting the greater part of his relatives, and giving the bulk of his estate to these corporate legatees. The deceased may have conversed with Mr. Shaffer about giving it in that manner on former occasions, though Mr. Fanning supposes that, as to one of the societies, the gift was suggested by himself while the will was being drawn, and after the interview when the final instructions were given. Upon the whole, the evidence is not satisfactory to my mind, that the deceased really dictated the substance of this will, even supposing that, with proper assistance, he was competent to make a will.

I have alluded to the isolated and miserable condition in which he was found when the will was executed. This was no doubt owing, in a great measure, to his own perversity, and his unreasonable suspicions. But I am not satisfied that he was dealt by with perfect fairness by his confidential adviser. It seems to me that one who had won his confidence could, and should, when he found him dying under such circumstances, have brought him in communication with those members of his family against whom he did not pretend to have any cause of offence, beyond the morbid suspicion, wholly groundless as it must have been known to be, that they were concerned in some plot against his life. Yet I do not find that Mr. Shaffer ever made any endeavor in that direction. On the contrary, he expressly testifies that he never reasoned or remonstrated with him upon the absurdity of

his suspicions. But he went further than that. He encouraged his delusions, by countenancing the idea that there had been attempts to poison him, and a "plot" against his domestic peace, in which members of his family were engaged. I think that, after it was seen that he was dying from an accidental injury, it was the duty of one standing in such a relation to him as Mr. Shaffer did, to endeavor, at least, to put him in communication with those who had a natural right to protect him, and to see that any testamentary dispositions which he might be disposed to make, were the voluntary dictates of his own will.

I am in favor of affirming the judgment of the Supreme Court, and of charging the costs of this appeal upon the proponent of the alleged testamentary paper.

THE MENTAL OPERATIONS IN HEALTH AND DISEASE.*

TRANSLATED FROM THE FRENCH FOR THE AMERICAN JOURNAL OF INSANITY

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The functions of the spinal cord are to conduct sensations to the brain, and to transmit to the organs of motion the commands of the will, and besides these, its most important office is the production of the simple reflex acts—the transforming of sensation into motion. The gray substance is the seat of this intermediate function between the double centripetal and centrifugal current, the reflex acts constitute one of its specific functions. But the gray substance transmits also sensations to the brain, and carries from it the motor impulses. In the direction of the brain, the gray matter transmits certain kinds of sensation which the white posterior columns cannot convey, which apparently originate only in the gray matter itself, and which consist of a kind of psychical transformation or modification of the centripetal sensations. In the opposite direction, the motor impulses on leaving the brain do not appear thus far to possess all the qualities necessary for voluntary motion; it is only in the gray substance apparently that these

* The article which is here presented to the readers of the JOURNAL OF INSANITY, makes a chapter in the admirable treatise on "Mental Diseases, Pathology and Therapeutics" of Dr. W. Griesinger, of Berlin, which has been translated into French by Dr. Doumic, of the Central Asylum of Poissy, and enriched with annotations by Dr. Baillarger.

impulses are elaborated, combined and arranged in such a way as to fit them for the voluntary muscular acts.

All the impressions transmitted by the spinal cord, as well as those coming from the nerves of the special senses—vision, hearing, etc., are united in the brain, where they are assimilated, associated and combined according to their various affinities, producing in the brain internal images or impressions which are purely subjective in their character.

These impressions leave after them traces or vestiges, whose combinations give rise to certain general results called perceptions, and without the intervention of the will, at the moment when these perceptions are produced, they are immediately and logically elaborated and associated in judgment, reasoning, etc. All these phenomena are in appearance intimately connected with the action of the sensorial sphere of the brain. But the brain is also itself a great centre of reflex action in which the conditions of sensorial excitement, of which this organ is almost constantly the seat, are being transformed into motor impulses. In the brain also, the simple and direct reflex action of the sensorial impressions on muscular contraction takes place, but generally in a very complicated manner. But these reflex acts, which are special to the brain, are also those which determine the results already elaborated of a great number of sensorial acts, which mutually modify each other and become more or less the objects of perception. These produce reflex acts which do not immediately take the form of muscular contraction, but are limited to furnishing motor ideas or impulses for future movements of the greatest complexity, and for the voluntary muscular acts.

All these functions must also, by analogy, be mainly referred to the cineritious portion of the brain; and the cortical layer of the hemispheres, the extent of whose surface constitutes one of the principal characters of the human brain, and in which among the insane extensive lesions are frequently met with, the cortical substance, I say, has for a long time been considered by most physiologists as the seat of the intellect and of the will. The intellect, it is true, is the result of numerous complex movements which doubtless cannot be considered as phenomena of transmission, but the most important and complicated must also be referred to the gray portion. But between sensation and perception, between the determinations of the will and their accomplishment, there is a great number of intermediate acts which must be located chiefly in the white fibrous portion of the cerebral mass, but as we have already remarked, it is impossible to determine with absolute precision where the intellectual order of facts, strictly speaking, begins.

The walls of the lateral ventricles also appear to perform an important part in respect to the mental operations; a fact which appears to be proved by the cases in which the ventricles are filled with serous fluid, especially when it has formed rapidly or when it has become altered in its composition, with superficial softening of the walls; in cases of this kind there is always profound dementia or a comatose condition. Consequently, if the mental operations generally cannot be referred exclusively to the gray substance, it appears very probable that all the free surfaces of the brain, that of the cortical substance as well as that of the ventricular walls, have a very close connection with the phenomena of mind; that mental integrity depends on integrity of the cerebral

surface, and finally, that it is chiefly the lesions of the free surface of the brain which give rise to the complicated symptoms of insanity. On the other hand, it is rare in cases where disorganization affects deeply the substance of the brain not to observe lesions of motion, which are generally associated with intellectual disorder when the disease has extended from the cortical substance or from the surface of the ventricles to any depth into the cerebral mass. Apopleptic clots, limited to the white substance without cerebral compression, never give rise to any considerable disorder of the higher mental faculties. Sometimes even nothing is observed in such cases, as if the centrum ovale had no function whatever. It appears that this portion of the brain is intended merely for transmission, and that this function may be effected by different channels, or to one side of the injured portions.

The central nervous system, which spreads out in the hemispheres, is symmetrical, as is also the peripheral. But we do not think double with two hemispheres any more than we see double with both eyes. To explain this unity of thought, as well as that of the impressions conveyed by the senses, it is necessary to recur to the central portions of the brain, the commissures. It is certain also, that wounds and organic lesions which affect both hemispheres at once, although comparatively of slight extent, give rise to more important symptoms, especially on the part of the psychical acts, than lesions limited to a single hemisphere. When anatomical lesions of the brain are found among the insane, these lesions, though often trifling in their nature, almost always exist on both sides and generally over a consider-

able extent of the cerebral surface. (Hyperæmia, Atrophy.)

The mental faculties have been known to be unaffected where one of the hemispheres was considerably atrophied; a single hemisphere may therefore suffice for the intellectual operations. But it is observed that in such cases the mind very quickly becomes fatigued. It seems therefore, that the mental activity developed by a single hemisphere can only be continued for a very short time, which appears to indicate that in the normal condition the two hemispheres act by turns, or that the mental effort is divided between them.

The opinion of Wigan, (Duality of Mind, London, 1844,) which asserts the complete duality of the mind in the two hemispheres, and the hypothesis of Holland, (On the Brain as a Double Organ, Chapters on Mental Philosophy, 2d Edition, London, 1858,) according to which certain mental disorders, and particularly states of mental tension and inward conflict, result from a want of harmony in the activity of the two hemispheres, and finally the attempt recently made by M. Follet to refer mental aberration to a want of correspondence in the innervation of the two hemispheres,—all these opinions, I say, appear to be founded on insufficient data.

In one case in which the disease was quite recent, (melancholia, with ideas of persecution, attempts at suicide, etc.,) the patient, who still retained some consciousness of his condition, declared that he was only insane on one side of his head. Other similar cases are recorded, but we are not disposed to consider them of any special interest or importance.

The life of the mind in man, as well as in animals, commences in the organs of sense; it is a continuous current which passes from without inwards in perception, and from within outwards in the organs of motion. The transformation of sensorial impressions into muscular motion, constitutes the general form of reflex action, with or without the consciousness of the individual. In animals and young children the simpler forms of this double current may be observed in different degrees of development. But slightly controlled by clear and accurate perceptions, we see their sensorial impressions converted at once into motor impulses, with a tendency to excessive mobility, which betrays immediately by words or actions the momentary impressions coming from without. Between these two fundamental acts of the life of the mind there is always interposed something excited by sensation—a third element which presents something, it is true, analogous with sensation, and which has an intimate connection with it, but which nevertheless is not the same. There is formed here, so to speak, an additional region occupying the middle ground between sensation and motion, and this region developing, enlarging and extending more and more, becomes finally a complex centre, which in its turn controls to a great extent both sensation and motion, and in the midst of which moves the whole spiritual life of man. This region is the intellect.

All the mental operations are performed in the region of the intellect, which constitutes the specific energy of the organ of the mind, and all the psychical acts which were formerly considered as so many distinct faculties, such as the imagination, the will, the emotions, etc., are only different relations of perception with sensation and

motion, or the result of the conflict of ideas among themselves.

What the intellect, strictly speaking is, or what passes in the mind when we think, no one can tell; but the forms under which this faculty is manifested and the place where thought originates and is accomplished, are not unknown to us. Everything seems to indicate that at least all clear and distinct ideas have their seat in the brain; it may even be said that perception is nearly allied to the internal sensorial functions and even constitutes a part of them. It seems that perception is essentially composed of two things; in the first place, of a subjective excitement, generally very slight, of the sensorium; and secondly, of a number of excitements which give rise to a general idea, and finally perception is the result of the blending of these two classes of impressions.

In the largest sense of the word, that, for example, in which Herbart has used it, every mental operation, whether active or passive, and consequently sensation also is referable to perception. Sensation is a perception originating in the brain in consequence of the direct transmission of an excitement which has acted on a centripetal fibre. There are many other perceptions which are not directly excited by the irritation of a sensitive nerve, but which are produced interiorly by the functions of the brain independently of all sensorial excitement. These are connected with the traces which antecedent sensorial impressions have left on the brain as well as with the phenomena of sensation itself.

We speak of ideas sometimes only as of things of which we are conscious, that is to say, which are actually present in the mind with a degree of force and clearness,

sometimes as absent, or as retained in the memory, but which in fact only exist in a nascent state. There is in the intellect a condition of life and activity, of which we are not conscious, though we recognize it by its results. A constant activity is maintained in this region of darkness and shadows that is much more important and characteristic of the life of the individual than the comparatively small number of ideas which pass into his consciousness. Many physical irritations and impressions originating in the depths of the organism, touch first and even exclusively on this region, and without our consciousness modify the phenomena belonging to it. These phenomena and the movements going on in this region tend powerfully to determine the actual disposition of the mind, to direct our tastes, and to guide our sympathies and antipathies.

A sudden and radical change in our ideas is sometimes, though rarely, accompanied with sensations felt in the head, the patient has a feeling as of something opening or shutting within the cranium, or as if he had experienced a slight shock, or as if darkness was gathering round him, or dispersing. Guislain (Leçons orales, t. II. p. 178,) and M. Trelat (Annales Medico-Psychologiques, t, VIII. p. 175,) have related similar cases. I have met with one myself upon which there could be no doubt. It cannot manifestly be concluded from these cases that the patients have perceived any change that actually took place in the condition of the brain; these phenomena seem rather to belong to the cerebral membranes or to their sanguine contents, and perhaps also to the distribution of the cephalo-rachidian fluid.

We have seen that the brain, as a whole, may be regarded as representing two ganglia superimposed on the

nerves of sensation, and in which the central expansions of these nerves are united to other masses of the cerebral substance. Accordingly in analyzing the mental operations, we find a fact of the first importance, which is the simultaneous and reciprocal action of the intellectual and senorial activities. Not only is the intellect constantly awakened, stimulated and kept at work by impressions coming from the senses; not only does the intellect itself demand the simultaneous action of the senses, but even all our thoughts when at all definite are constantly accompanied with a certain degree of sensorial activity, with sensorial images however vague and shadowy they may be. The clearest and best defined ideas are those produced by the assistance of vision, which are composed essentially of visual images, from which it may be inferred that these ideas originate in the central ganglion of the optic nerve. It is also probable that among those animals in which the olfactory nerve furnishes large expansions to the walls of the lateral ventricles, the sense of smell performs an important part in the functions of the intellect. On the contrary, the ideas resulting from the perception of sounds, music, for example, are very vague and indefinite, and very difficult of expression, and it is very remarkable that in order to express this idea, consisting simply of the group of impressions produced by a great number of similar objects, a group with which each separate element tends to blend itself, and for which an adequate description can never be provided, we have no other means at our command than these very sounds or words themselves.

Speech is a phenomenon much too complicated to be localized in any distinct portion of the brain. Some of its lower portions, the surface of the fourth ventricle and

the olivary bodies, which are much larger in man than in animals, may well be regarded as having an intimate connection with the expression of ideas, with the articulation of sounds; but there are yet other portions of the brain, the anterior lobes, for example, which have a considerable share in the production of language.

It is especially in cases where words are wanting though the corresponding ideas are present, when the patient pronounces other words than those which he wishes to use, it is in these cases, I say, that we can best realize the multiplicity of organs which must be simultaneously employed in the production of language. This form of disordered speech is not common among the insane. It is most frequently observed in diseases localized under the form of effusion into the centrum ovale or into the general cerebral mass.

We do not always appreciate correctly the true psychological character of words. Words are sonorous conventional images or signs, designed to represent general formulæ, and of themselves do not give distinct ideas; they are generally limited to exciting in our minds groups of ideas as yet only incompletely developed, which reach only imperfectly our inner consciousness, and whose details vary with each individual. It is for this reason that each person attaches a slightly different meaning to words, and that it is so difficult to give a clear and accurate definition to them, and to know what we ought to understand by words and by their possible combinations. The apparition, often so vague and indefinite, of ideas which vanish before reaching a point of perfect clearness, and which are immediately replaced by other ideas, themselves incompletely developed, brings with it the danger of superficiality, of abstractions and

of a want of concrete ideas, for him who confines himself merely to words. Doubtless all the higher faculties of the intellect are intimately connected with language; animals are dumb—language and the use of speech are peculiar to man. Nevertheless there are moments when our inner life seems to transcend the mere form of words, when something unutterable and beyond the power of expression, which no human ear has ever heard, arises from the fathomless deep and all at once presents itself to our minds, and afterwards whatever knowledge we may possess and to whatever we may attain, it seems that we shall never be able to realize the fulfilment of what our thoughts promised us at that moment. It is then that we can understand the meaning of that saying of Gœthe, "How contemptible is language." Circumstances which are naturally accompanied by very powerful and multitudinous emotions must more frequently be met with among the insane than in the normal condition of the mental faculties.

A careful comparison of what passes in the act of perception with that which takes place in sensation, shows us that there exists between these two processes a great number of important analogies, and at the same time some differences which require all our attention, and which it is indispensable to understand for the proper comprehension of insanity.

1. In the first place, it is important to recollect that in both we have the same general conditions of an irritant and of irritability. Neither is in a condition of complete repose, except in the deepest sleep. Ordinary sleep, which to vision appears only as darkness, and so far as perception is concerned, a void, is still a degree of activity; we have a consciousness of this obscure field of

vision, and of this void existing in the sphere of perception. . But the proper affection of the subject, that which in the sensible impression in color, sound, smell, is always the actual reality, that is to say, conscious perception. As in vision, hearing, etc., there is an infinity of degrees and shades in the strength and clearness of the impressions; so also in the consciousness and vividness of perception, there is a wide difference—perception is more or less strong, clear and distinct.

2. For the development and normal progress of perception, as well as of sensation, there is necessary a constant, moderate and adequate excitement from without. In the functions of the senses this excitement is produced by a real external impression, and that which takes place in the sensitive nervous system in the phenomena known under the name of *centric*, is of the same nature with, and in some sort takes the place of the ordinary peripheral excitant. On the other hand, the excitement by which perception is brought into play and which is necessary to the maintenance of its activity, is never received directly from the external world; it always comes through impressions made on the sensorium. There is then in perception a centric phenomenon, an image analogous to that which we have in sensation; but this image does not come from the direction of the peripheral surface outside of the organism—we have always a consciousness that perception is something which takes place within the head—the image is formed in the region from which the habitual excitement sets out, that is to say, in the region of the sensible impressions. This centric image of the perceptions seems to be precisely the condition of the necessity of the constant passage of sensible images of which it

is the seat. It is this which gives rise in the sensorium to that species of vague semi-hallucination which accompanies all perception, and which gives those ideas so multiform, of color, shape, sound, so indispensable to the clearness and accuracy of perception—a faculty which nature has given to each one of us in such different proportions; it is in one word that which gives form to the sensorial impressions, and is the basis of all those psychical phenomena to which we give the name of imagination, especially of those in which we have not only a weak and faint impression, but even a very clear one resembling in many respects an objective sensation corresponding to an outward excitant, as though it should be referred to an impression coming from the organs of sense. I speak of hallucinations properly so called. Here the perceptions act upon the central apparatus in such a way that an impression is made upon the latter, which is ordinarily produced only under the influence of an external irritant when it receives a sensation.

3. An excess of irritation has the same effect on perception as on sensation. A very sudden and intense flash of light, a violent noise, a very strong smell, as of ammonia, produce very acute and powerful sensations, followed by momentary impairment of the sense affected. In some cases the sense may indeed be entirely paralyzed, as has been observed in regard to the sight, hearing, sensibility of the skin, and as M. Graves has described a remarkable case, even in regard to the smell. But without going to this extent, this exaggerated sensation always produces a considerable diminution in the acuteness of the senses, which continues for a time after the cause has ceased to operate, so that the organ is less sensible to feeble impressions, as in the case

of the persistence of the image of the sun on the retina after the eye has been dazzled by looking at it, and of the sound of a cannon for some time after the actual firing. It is the same with perception, a very vivid impression gives rise in the mind to a certain association of perceptions. The concussion occasioned by the shock may cause paralysis of the organ, which is the seat of the impression. Such are the cases of sudden death by paralysis of the brain under the influence of a violent mental shock, but without going so far as this, for a considerable time after the first impression has ceased, the association of ideas excited by it always holds entire possession of the consciousness and the sensibility to every other impression is notably diminished. It is thus that occurrences which deeply stir the current of our existence, are apt to commit great ravages in the region of the intellect, and bring about a considerable impairment of its integrity.

The perceptions and the sensorial functions—the sense of vision furnishes a striking instance of this—cannot continue in action for an indefinite period with unabated vigor. Sensibility as well as perceptivity soon becomes fatigued when too great a draft is made on them; and to avoid this fatigue, a change is indispensable. In cases where no external cause produces such a change, a new perception or a new sensation is excited by the first, in a purely subjective manner. The most common instance of this is in the region of sensation in what is known by the name of complementary colors, which is in fact a subjective contrast of colors, as the appearance of blue after looking at orange, and of violet when the eye is fatigued with green. Something analogous takes place in perception. The perceptions as well as the sensations

are connected among themselves by the same relations, obscure though they may be, of contrast and analogy. Where a perception has continued for a length of time it excites another similar or in contrast with itself; that is, it may produce a series of perceptions entirely new, or on the contrary, the mind may return to its first perceptions which remain in the ascendant.

It is very singular, for example, under the influence of ideas of sadness, produced by an external cause, to observe ideas spring up of an entirely opposite character, and even joyous. The fact of the subjective production of ideas is moreover one of the most common in the history of mind; from observations of this kind is deduced what is called the law of the association of ideas. Ideas recall each other as well by the senses in which they originate as by the analogy of the sensorial images which accompany them, as of vision, hearing, language. This last example is met with among the insane, and is very striking among those affected with mania. These patients call up and recite with great rapidity long series of rhymes which are connected by no thread of meaning, or at least by a very slender one.

Even in other senses than that of vision, in the cutaneous sensibility for example, especially when in a state of disease, we may have a sensation, a pain for instance, excited on a portion of its surface, determine on a distant point an analogous sensation, such as tingling, pain, etc., proving the tendency these distant sensations always manifest to accompany those first excited.

So long as the association of ideas does not produce new perceptions, and is limited to reproducing the old, the phenomenon is called memory. The manner of this phenomenon of reproduction is often altogether obscure

and inappreciable. Former perceptions are suddenly repeated without our being able to assign any cause for them in the antecedent ideas, in the same way that the reproduction of sensorial images takes place, which Henle has described under the name of *memory of the senses.*

As all the delicate phenomena of the association of ideas depends upon this central reproduction of perceptions, the intellect is always seriously affected whenever there is a sensible defect of memory. Among many of the insane, and especially among idiots, the impossibility of judging and reasoning correctly has its origin in the loss of memory. Ideas are retained and reproduced more readily in proportion as they are stronger and more distinct in their conception and as the brain is more sound and active. All diseases of the brain may destroy or suspend the memory, and consequently the condition of this faculty among the insane often affords a measure of the gravity of the cerebral affection. Slight modifications of the health of the brain, such as the action produced by alcoholic stimuli, may render more active, or on the other hand, considerably embarrass the reproduction of ideas, destroy certain associations which before were quick and easy, or awaken old ones which were entirely forgotten. There are but few phases of mental activity on which purely physical impressions exert so marked an influence as on the memory; nevertheless this question must not be too much regarded from a purely materialist point of view. The examples apparently so surprising of only partial loss of memory in consequence of wounds or disease of the brain, in which it might be supposed that the apparatus presiding over a portion of the mental operations had been entirely disorganized, these examples, I say, seem to be more

common than at first sight might be supposed. It seems probable that in these cases there is a general though only a moderate diminution in the reproduction of ideas. Those which have only a feeble connection with the mental constitution disappear the most completely.

In all the functions of the central organs, even in those of the spinal cord, there is memory. There is a memory of the reflex acts as well as of sensorial images, of words and of ideas. With the habit of the reproduction of facts and ideas, which becomes more and more empty and superficial, is contrasted the inspiration which brings out of ideas not yet distinctly passed into the consciousness, a new series of ideas.

5. Another consideration still, is that in the organ of perception as well as in those of sensation, the energy proper to them may be brought into activity, not only by normal external excitants, but also by internal stimuli differing from perception and sensation, and especially by the stimulus of diaease. Inflammation of the choroid coat of the eye is shown by the apparition of subjective sensations of light, of luminous balls, sparks, flashes, etc. So also any irritation affecting the extremities of a sensitive nerve or even the trunk of the nerve itself, may excite subjective sensations of sound or odor or smell or in the cutaneous sensibility a feeling of cold, burning, or formication. In the same way an irritation of the brain resulting from an inward organic excitant, is manifested by unusual and morbid phenomena of perception. Just as inflammation of the vascular membrane of the eye gives rise to abnormal luminous sensations; so also in diseases of the vascular membrane of the brain, the pia mater which covers so closely the free surface of that organ and penetrates even into its substance, hyperæmia

and inflammation of this membrane determine also anomalous perceptions, (delirium,) and even mental states manifested from within outwards, (agitation, emotional excitement;) and the same thing exists, but in a greater degree, in inflammation of the brain itself. Not only do palpable anatomical lesions of the brain give rise to these disorders of perception, but a simple irritation resulting from the extension to the brain of a nervous condition seated in an organ more or less remote, such as the heart, the intestines, or the genital organs may also evidently produce the same result. The existence of a close connection between the nerves of the abdominal viscera, the brain and the cerebellum is demonstrated by experiment, and as in the healthy condition of the general system, the state of the digestive apparatus exerts an undoubted influence on the character and disposition, and on the prevalence of certain sets of ideas, so also a morbid irritation of the nerves connected with these organs often gives rise to morbid mental states which sometimes vanish when the peripheral irritation itself disappears, but which also sometimes, when once originated, maintain an independent existence.

We may state here that these organic irritations, whether in health or disease, do not generally at first excite clear and distinct ideas; on the contrary, they give rise to those vague and indefinite modifications of intellect which are known as the sentiments and emotions. The rapidity of the succession of ideas and the manner of their connection are especially modified by these organic impressions, which are combined with the movement of the thoughts and ideas, "like the balance wheel of machinery sometimes accelerating the motion it has received, sometimes on the contrary, like too heavy

common than at first sight might be supposed. It seems probable that in these cases there is a general though only a moderate diminution in the reproduction of ideas. Those which have only a feeble connection with the mental constitution disappear the most completely.

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a weight which hinders or completely prevents the motion." Lotze has very well described the relation existing between thought and the bodily organs. "The ulterior development of the organism," says he, "acts on the mind less by exciting clear and distinct ideas than by bringing about certain dispositions of mind and character, certain peculiarities of thought, which, without our consciousness, direct our actions and the general conduct of our lives. The impressions arising in the organism, each of which singly is feeble and undefined, and which only acquire importance and influence by their simultaneous action, exert their power on the mind, and this power, though scarcely felt in the consciousness of the individual, may nevertheless be the efficient cause which confines the mind in a set circle of fixed ideas." These dispositions of mind may, even when aided by favorable circumstances, give rise to actual delusions.

The same phenomena are met with in insanity. We shall see hereafter that almost the entire pathogeny of mental disorders consists in psychical perversions, produced by internal organic causes, and that these perversions finally give rise to delusions connected with the changed mental condition, upon which delusions many circumstances of different kinds exert a considerable influence.

6. Perception as well as sensation may be accompanied with pain or pleasure. In this respect they present a very close resemblance, which is more deserving of notice, as mental distress is one of the most important fundamental elements of insanity. In sensation, as well as in perception, the nature of the pain or pleasure is a kind of obscure sense, in the one case of elevation, in the other of restraint and self-abasement. This feeling

may refer to a single sensation or perception, which from that time is accompanied with pain; but there are also in perception as well as in sensation conditions of suffering and distress more general and undefined; the false judgment then no longer refers to a single object, but rather to all the sensations and perceptions. To this condition may be referred the sensations of weight and heaviness, of suffering of the whole body, without local pain, and when the mind is affected, those feelings of oppression, of distress and anxiety which have no real motive, and which may merely by their continued duration, give rise to painful delusions.

All the circumstances which disturb the succession and attenuation of ideas representing the conscious self, and consequently affecting the freedom of the will, may give rise to *mental pain*. An excess of excitement that calls up new ideas confusedly and without order, as well as the absence of all excitement, may occasion painful emotions, such as ennui and indifference; in the sensitive nervous system also pain may be the result of an excess of excitement as well as of the absence of the ordinary stimuli, (cold, hunger.)

The phenomena following the administration of chloroform have taught us the interesting fact that the tactile sensibility may be preserved, while that to pain is abolished; besides, M. Schiff has demonstrated quite recently that the white fibres of the spinal cord possess the faculty of conducting the tactile impressions, and that the gray substance alone transmits the sensation of pain, from which it is evident that pain has its origin in the gray substance. It is not improbable, therefore, that in the organs of perception, the phenomena of transmission are not connected very closely with those which

produce mental pain, and that the latter may be the direct result of the special irritation of certain constituent portions of the cerebral tissue. The consciousness of the derangement in the normal conditions of thought constituting mental pain, varies greatly in different individuals; thus a delicate organization may experience severe vexation in circumstances that would leave an obtuse intellect in a condition of perfect calmness, as for example, when one cannot succeed in comprehending the reasons of anything, in solving a problem, etc. But it is more especially the state of momentary irritation in which the brain happens to be, which causes a thought to be, or not to be accompanied with pain. The same circumstances may at different times produce very different impressions. The impression produced by any given fact is not the same, for example, if the fact occurs after taking a glass of wine, or just after returning from the play, as if it had occurred after having already experienced some vexation. A nerve affected with neuralgic pain does not behave as it would in a healthy condition; the slightest touch on such a nerve is extremely painful. It is the same with the brain; there are certain states of that organ in which every psychical act provokes mental pain, in which every thought is suffering. But the state of actual irritation of the brain is the sum of all antecedent states of irritation added to the causes of irritation acting at the moment. Among individuals who have long been subject to a high degree of mental suffering, either in consequence of an original predisposition, or by reason of painful mental impressions, a general perversion of the moral feelings comes on gradually, which is sometimes persistent, at others transient; to the unhappy sufferer everything

seems sad and gloomy, and one whose life is filled with misery and sorrow falls with great facility into permanent sadness or misanthropy. We shall see that insanity very generally commences in this way; everything is perverted into a source of suffering; it is not rare that this condition of mind is the result of actual sorrow and affliction. In such cases we discover beforehand a strong tendency to mental alienation in that impressibility, in that tendency to perpetual unsettlement of mind which makes every mental impression awaken confused judgments in reference to facts, which prevent the patient from seeing things as they really are, and fixes his thoughts more and more upon himself until he becomes a thorough egotist and hypochondriac.

Mental as well as physical pain has this peculiarity, that it takes the first place in the mind, and must have undivided possession of the consciousness; and as the latter, when it reaches a very high degree, is followed by insensibility, so mental pain when very intense brings on a state of complete indifference to the ordinary normal excitants. The pupil of the mental eye contracts, and the object with which it is occupied, *mental pain*, which has taken forcible possession of the mind, can alone reach the seat of consciousness. In hyperæsthesea of the external senses, the eye for example, the latter withdraws itself from the light which it naturally seeks when in health and turns to the darkness. It is the same with mental pain; the patient avoids all communication with the world, because the slightest contact with it is painful; he no longer takes any part in what is passing around him and becomes more and more shut up in himself. Mental pain has other important consequences. By reason of this shutting up of the

mind all other sensations are painful. Ingenious in tormenting himself, constantly occupied with his own condition, the patient becomes as it were a stranger to the thoughts which formerly interested him. He loses sight of them for the moment, and when he turns to them again the inability of which he is conscious to take part in them as he did formerly, becomes a new source of grief. As every mental impression gives him suffering, a disposition arises to ignore and to avoid everything; kindness and affection give place in his mind to gloomy suspicion and hatred. On the other hand, the law of causality, which is inbred in the human mind, drives him to seek for the causes, only to be found in himself, of his mental distress. He looks for them in the outside world, because a man naturally looks there for the impressions that influence his mental condition, but as these causes do not really exist there, it results that the ideas and reasoning and conclusions which the patient expresses in regard to them are false. These attempts which the patient makes to seek for and explain the causes of his mental disturbance, we shall see hereafter constitute the principal source of the delusions of the insane, and we shall discover that in this search for etiological explanations, there is presented to the mind not only perceptions in the strict sense of the word, but also under the influence of the fancy and of excitement of the sensorial functions produced by the imagination, hallucinations and illusions of different kinds, by the aid of which they seek to explain their condition.

Physical pain always affects the tone and movements of the muscular system. Sometimes the patient is afraid to make the slightest movement, and instinctively keeps the suffering limb at rest; sometimes the power of

motion is really affected and there is a slight degree of paralysis, and occasionally we observe morbid muscular action, contractions or muscular spasm. The intellectual life has equally its activity, which mental pain also affects. Sometimes the power of the will is paralyzed, the patient has no mind of his own, he remains motionless, just as we often see physical pain accompanied with a state of profound depression of the central organ of innervation. Sometimes, on the contrary, the will takes hold in a spasmodic way of an object; a condition which may be overcome by a sudden exertion of the will. Sometimes, finally, the pain excites a violent, and so to speak, convulsive effort which is without an object, and is too energetic to be of long duration. But, as in muscular sensibility, the brain is conscious of the condition of the motor nervous system; so also it is conscious of the movements of the intellectual life. This morbid impotence of mind, this absence of the will, this concentration of the attention on a single subject, these spasmodic efforts of volition are recognized by the patient as a kind of painful reaction caused by his own voluntary efforts. All this still more aggravates the mental suffering of which he is already the victim.

The different states of *mental pain*, such as anxiety, fear, sadness, sorrow, etc., whether produced by external or internal causes, have the same effect on the rest of the organism as physical suffering. Sleep disappears, nutrition suffers, and emaciation and a state of general exhaustion follow. The mental distress alternates at times with neuralgic pains and with spinal irritation; in other cases it gives rise to neuralgia; it is often accompanied with that pain in the epigastric region which is so common in spinal irritation, and sometimes with differ-

ent grades of insensibility to atmospheric changes and to physical pain excited by any external cause.

The pleasurable emotions give results diametrically opposite to the above. I will leave to the reader the task of seeking for himself the analogies which these states present in respect to both their nature and consequences, with agreeable physical sensations.

As the special function of the brain, perception is very closely related to activity of the senses, so also there exists between the acts of the motor nervous system, originating in the same organ and perception, a very intimate connection. This relation bears a very great resemblance to that existing between sensation and perception.

[*To be Continued.*]

THE TRIAL OF MARY HARRIS.*

The case of Mary Harris, tried in July last for the murder of Burroughs, is in some respects extraordinary, even among the strange social and political events which make up the daily history of our Federal capital. That an apparently deliberate murder, done in the satisfaction of outraged feelings, should be justified not only, but applauded by the people of Washington, is not, we know, without precedent. Individuals chosen to uphold the national dignity, and high in social position, have furnished repeated examples of this kind. Jarboe shot dead the seducer of his sister, and in like manner Sickles murdered the paramour of his wife. In these cases, too, the plea of insanity was set up by the defence, and through it a triumphant acquittal gained.

There was, then, nothing novel in the motive or the excuse for this homicide, and but for one circumstance, perhaps, the well-worn sensibilities of a Washington public would have given no sign of marked excitement. The new feature in this case was, that the murderer was a woman. A woman, young, of pleasing person and manners, a stranger and unprotected, what an irresistible appeal to the sentiment strongest of all in the bosom of an American! Here, we may with the most charity suppose, is the source of that extreme sympathy and favor shown this wretched girl. For no sane person can believe the man who disappoints a woman by refusing to fulfil a promise of marriage, is worthy of death.

* Official Report of the trial of Mary Harris for the murder of Adoniram J. Burroughs, before the Supreme Court of the District of Columbia, Monday, July 3, 1865. Washington, D. C., 1865.

Nor is such a penalty to be thought of for even the despicable wickedness of a feeble and abortive attempt to obtain a power over her good name, as a means of defence against her. Yet this, at furthest, as we shall find, was the extent of Burroughs's crime.

In saying thus much we have not referred to the assumed insanity of Mary Harris, because there is no reason to suppose that public sympathy for her was based, in any degree, on this theory. There was nothing in her history, or the circumstances of the homicide, to suggest insanity to the ordinary observer. If she was insane, hers was one of those cases capable of being detected only by an expert, or by one having the closest and most protracted acquaintance with her.

She was of Irish descent, and her parents were Catholics, in a humble condition of life. At nine years of age, she was employed in a millinery and fancy goods shop, kept by a woman, in Burlington, Iowa. At this time she first made the acquaintance of Burroughs, then about twenty-three years old, and of some education and knowledge of the world. He was at first engaged in business near where she was, but afterwards failed, and was employed as book-keeper in the same shop with her. She seems to have been a bright and pretty child, and he was so much pleased with her as to fondle and caress her, take charge of her education, and finally to introduce her into the society in which he moved. After four years, in 1858, he left Burlington, and began a correspondence with her, which continued until the summer of 1863. His letters show the closest intimacy of the parties, as lovers, and the subject of marriage is freely alluded to. Several times the day of the ceremony was fixed, but it was deferred for plausible

reasons. Her father strongly disapproved of the intimacy and correspondence, and treated both parties with severity. For this reason she left her home, and went to Chicago, where Burroughs then was. After being employed there a short time, she returned to Burlington, but soon went again to Chicago, where she was engaged as clerk in the shop of the Misses Devlin. In the meantime Burroughs, who seems to have been without stability of character or practical talent, had not been able to enter the army, as he wished; had given up many plans, such as going to California, and to Pike's Peak; and finally had gone to Washington, where he entered upon a clerkship in one of the public departments. Now came the first sign of estrangement on his part. In the spring of 1863, when their marriage had been fixed for the coming June, he wrote to her, promising if she would join him in Washington to get her employment similar to his own. Not a word was said of marriage. On the 7th of August following he, being then in Chicago, wrote her again, asking an interview. They met a few days after this, and parted as lovers. On the 24th of the same month, he wrote her for the last time under his own name, protesting his friendship for her, and excusing his failure to fulfil his engagement of marriage by reason of his want of means. On the 15th of September, Burroughs was married in Chicago to another lady, and left almost immediately for Washington, whence he did not return for more than a year.

Thus far the leading facts of this history are undisputed. But it was charged by the defence, and proven pretty certainly, that Burroughs was the author of two notes received by Mary Harris, written under an assumed name and in a disguised hand, inviting her to

meet him for the purpose of cultivating an acquaintance, at a certain house in Chicago, on a day and hour named. She went with one of the Miss Devlins, having first ascertained the house to be a house of assignation, and, without entering it, learned that the person who had expected her was not there.

The evidence shows that the desertion of Burroughs, under the circumstances above detailed, made a strong impression upon Mary Harris. She had been a quick-tempered, proud and self-reliant girl, amiable, and cheerful in disposition, though undisciplined in mind and character. She now became melancholy, "at times almost frantic, and would not know what she was doing or saying." Again, she would "cry almost incessantly for two or three days; then at intervals, sometimes every night, and sometimes two or three nights in a week, for two or three weeks." This, according to Louisa Devlin, was immediately after the desertion. Late in September, Dr. Fitch was called to see her. He found her suffering under "severe congestive dysmenorrhea," for which he prescribed at various times, when called in, for about a year. She was somewhat better of these attacks at the end of the treatment. There was much nervous excitement, but this differed "in intensity rather than in character" from ordinary cases. The Doctor knew nothing of her private affairs, but "only what he saw of her physical condition."

In respect to her mental condition, about this time and afterwards, the testimony of Louisa Devlin is as follows:

Q. She was to have her breakfast in bed? A. Yes, sir, one morning, when I had scarcely perceived it was daylight, I saw her dressing. I said nothing; and supposing me to be asleep, after she was dressed she came to the bed, and leaning over me, said: "I have to leave

you, but I am sorry to have to leave you." I put out my hands and caught her around the neck, and asked her what she was going to do. She would not tell me. I insisting on knowing, she then said she was going to have a walk on the lake shore.

Q. Was she quiet in her manner at that time? A. She was rather insensible. She looked to me as if she did not know what she was doing or saying. When I caught her around the neck, I thought she was going to run out of the room. I then got her to undress herself and get into bed.

Q. Do you now recollect what period of the year that was? A. It was in November.

Q. After that, do you recollect anything remarkable in her conduct that happened during the same winter? A. Shortly after, she went into the yard one day with a large window brush, and struck my sister two or three times over the head, without any provocation whatever from her.

Q. Do you remember any other incident during that winter? A. Yes, sir. She was not feeling very well one evening, and she called me to the bedside, and held me by the wrists. I begged her several times to let me go; but no; she held me tighter, seeming to have more strength than usual. She held me for about a quarter of an hour. That she did several times.

Q. Do you remember any other incident during that year, and before you went to Janesville? A. I remember of many instances where she commenced to tear up books, clothing, and anything that she could lay her hands on. At another time she ran at my sister with a carving-knife, to stick her. That was the second Sunday in January, 1864.

Q. Do you know what had passed between them just before then, and what was the subject of conversation? A. No, sir. We were at dinner; and without anything being said that could at all offend her, she got up and ran at her with a knife, to stick her.

Q. You did not hear your sister make any remark to her yourself, before this attack with the carving-knife? A. No, sir. My sister often told me that she was crazy.

Q. How did you manage to prevent her striking your sister with the carving-knife? A. I held her by the shoulders. Then she tried to leap out of the window into the street. I had to open the door and let her go, but sent my sister out to watch where she went. She at first ran around the street, not apparently knowing where to go,

but at last went into the Tremont House. I went and tried to get her home, but she would not come. It was then near dark; and when it got dark she came home by herself.

Q. Was that the evening you got Mr. O. H. Harris to go after her? A. Yes, sir.

Q. He is no relation of hers, as I understand? A. No. sir.

Q. Do you know of any subsequent instances of excitement before you went to Janesville? A. Yes, sir; many. One little instance that happened at Janesville, some eight or ten days before she came down to Washington, I remember particularly.

Q. That was last December, then? A. Yes, sir. My sister, (not Jane, but another sister,) having opened a handsome silk quilt that she was piecing, to show it to us, Miss Harris looked down at it, and commenced tearing it.

Q. Describe what kind of a quilt this was? A. It was a fancy silk quilt, pieced.

Q. What did she say when she took hold of it? A. She did not say anything. She seldom ever spoke when she was in those excited ways.

Q. How was she prevented from tearing that quilt to pieces? A. I took it from her, and then succeeded in getting her into her room, when she hallooed repeatedly, "Let me out, until I spread all the preserves in the house over the carpets."

Q. State whether, on such occasions, you required any assistance in holding her, or whether her strength was the same as usual, or not? A. Yes, sir; when in these spells, I had oftentimes to have assistance. Her strength was much greater on such occasions.

That these were the freaks of a girl voluntarily yielding herself to the control of her wayward feelings, and desirous of that morbid sympathy which such conduct would awaken in persons of her own sex and character, would appear from the cross-examination of this witness. She took no precaution to prevent future harm to herself and sister, or their property, after these manifestations. Furthermore, she observed that Mary Harris had "an appreciation of her duties, and the moral qualities of any act she committed—was capable

of deciding what was right and wrong—as well as at other times." Her sister, who was assaulted with a carving-knife, and beaten over the head with a window brush, says: "We had no quarrels. I always said to my sister she was crazy, and that I could forgive her for anything she did." And again, Louisa Devlin, in answer to the question, "She never did any serious injury to any one?" says: "No, sir."

In the fall of 1864, Mary Harris exhibited the revolving pistol with which the murder was committed. On this point the same witness testifies: "I asked her what she bought it for. She said she was not the only lady who carried a pistol. Shortly afterwards she said to me that she believed Dr. Burroughs and his brother had some plot against her. Whether she said it in reference to the pistol or not, I do not know. It was during that same day she told me." And again, to the question, "Did you not suggest to her the impropriety of her carrying a pistol?" this witness answers, "I did not." But the pistol had been purchased nearly a year before this time.

In July, 1864, Mary Harris employed counsel in Chicago to bring a suit against Burroughs, for breach of promise of marriage. She was unable, however, to procure the service of a writ on him during his visit of three weeks to that city, in the September following, and, contrary to the advice of counsel, started for Washington about the 1st of January, 1865. On the 6th of January, she came to board at the house of Mrs. Flemming, in Baltimore. Mrs. F. testifies: "She said her business was to go to Washington; that she was not very well, and was stopping in Baltimore, for she did not know how long. Her object in going to Washington,

she said, was to collect money for the Misses Devlin. The prisoner remained at our house until the 30th of January, the day she came to Washington." The same witness testifies to the following conduct of Mary Harris, on the evening of the day before she left for Washington: "The Rev. Mr. Dudley was at the house, and while he was playing a hymn on the piano, in the parlor, she got up, picked up one of the ornaments in the parlor, and went round to take up a collection. I thought that very strange conduct." This witness continues: "She complained very much of her throat, and of being very weak. She had very little appetite. Sometimes she would be sitting alone, apparently engaged in deep thought, and then she would get up and all at once commence to sing a love song—

> First she loved him as a brother,
> And he doubted her when her love was stronger.

Then she would come to where I was, and appear to be in very good humor. I went to the cars with Miss Harris, and gave her my ticket. She was to return that evening. We were to go to a lecture together."

Between two and three o'clock of that day, the 30th of January, Mary Harris inquired of the door-keeper of the Treasury Building for Mr. Burroughs. Being told that there were several of that name on his directory, she pointed out the name of A. J. Burroughs on it, and asked what bureau he was in. Learning he was in that of the Controller of the Currency, she asked if she could not wait at the door until he came out. She was answered that it would be a difficult matter for her to see him when he came out, as there were four entrances, and he, being employed in the farther part of the building, did not often come out that way. She then asked

for direction to his office, which she received. Opening the door, and looking in to convince herself of his presence, she retired into the hall and took her stand behind a high clock next the door. After a short time, Burroughs and a fellow clerk entered the hall, and were passing the door-way when the fatal shot was fired. Burroughs turned round instantly, threw up his hands, exclaimed, "Oh!" and ran away from his murderer. She immediately stepped into the centre of the hall, took aim at Burroughs as he was running, and fired a second shot, which narrowly missed his head. He lived fifteen minutes after being shot, and died at twenty-five minutes past four o'clock.

Mary Harris was arrested a few moments after the murder, as she was passing from the building into the street. She showed great distress of mind—throwing her arms about, pulling her hair, and getting down on her knees to the officer. When asked what she shot the man for, she only replied, "Why did I do it? I would give my life to save him," etc. To Hon. Hugh McCullough, then Controller of the Currency, she protested, with much emphasis, that Burroughs had done her no other injury than in the violation of his engagement. To the policeman who took her to the jail, she said that Burroughs "had ruined her; had caused her to be driven from her home and friends; had seduced her, and taken her to a bad house in Chicago; and that she had told him if he didn't comply with his promises she would have revenge on him, at the risk of her life." She stated further, that she had procured a pistol in Chicago, and had come on here with that determination; that she had arrived here that morning, and had accomplished her object. She also requested this officer to send a tele-

gram to Miss Louisa Devlin; and when asked what the wording of it should be, said: "You know just as well as I do." To his inquiry, "Shall I telegraph as if it were yourself?" she said, "Yes." The words sent were: "I have arrived in Washington, and shot Burroughs. Come on immediately."

We now come to the testimony admitted solely with reference to the mental condition of the accused. Of this kind were the depositions of several parties in Iowa and Illinois, who had known of the intimacy of Burroughs and the accused, their engagement of marriage, and his entire possession of her affections. To the same purpose were some ninety-two letters, written by the parties between November, 1858, and August, 1863. His letters are silly and extravagant to the last degree, and show great lack of true respect for her, and refinement of feeling. This testimony was offered on the part of the defence for the purpose of proving the cause of insanity of the accused, but the Court ruled that "the defence of insanity is a perfect defence in itself, with or without cause, if made out to the satisfaction of the jury;" and, therefore, that the testimony "ought to be confined to any occurrences, any acts on the part of the prisoner, showing insanity or want of accountability in regard to questions connected with the deceased." Afterwards, however, this testimony was admitted as proof of *a* cause of insanity in general; not of *the* insanity. The Court also ruled to admit the opinions of non-experts on the question of insanity, when based upon important facts within their observation. The proper form of question to put to an expert, was stated by the Court to be this: "Assuming such and such

facts to be proved, do they establish the insanity of the prisoner."

In respect to the mental condition of the prisoner while in jail, Mr. Charles H. Phelps, of Burlington, Iowa, who had known her from a little girl, and saw her several times in the first month of her confinement, testified that "her eye wore a wild look; she was incoherent, and in relating anything she would in a few minutes contradict herself."

Hon. Hugh McCullough testified that "Miss Harris was deeply excited, and seemed to be in despair—in a frenzy." But when her attention was fixed for a moment, "she answered questions put to her as if she comprehended them—clearly and coherently—but would immediately return to exclamations, pacing the room, and exhibited every indication of being perfectly overwhelmed."

Joseph H. Bradley, Esq., senior counsel for the defence, interested himself greatly in his client during her imprisonment, and was examined as a witness in her behalf. About the last of March, he found her nervous and excited, her pulse counting more than 110. "The top of her head was so warm as to be unpleasant, and yet her hands were cold. The pupil of the eye dilated so as to cover the eye very nearly, leaving only a band, as it were, surrounding it." She talked of Burroughs, "with a manner showing no consciousness of having done wrong to any one but his wife." This interview was at the time of a menstrual period of the prisoner, and, generally, her mental and physical condition are noted only at such a time. We may state here, that the line of defence adopted was that of paroxysmal, moral insanity; the insanity due to combined physical and

moral causes, dysmenorrhea and disappointed affection, and the paroxysms occurring at the menstrual crisis, on the subject of her wrongs being introduced, and perhaps at other times. At her next monthly period, witness found the prisoner bathing her head with a handkerchief and cold water. She was sitting in an open window, with a full stream of cold air falling directly on the back of her head. Yet the top of her head was hot, and her pulse was nearly 120. She said: "They say I killed Burroughs, and have locked me up, and it must be so; but I can't realize it. I liked Burroughs. I can see him now. I have seen him in this very chamber since I have been here. It can't be so." Witness "talked with her till the tears began to flow, and then she calmed down; and rapidly became blythe and cheerful." But "in a short time the paroxysm, if I may so call it, returned." That is, she began again to talk excitedly of herself and her wrongs. Her pulse, which had fallen, rose; and her hands became cold, and her head hot again. Witness "stayed there nearly two hours, and left her calm and gentle as I ever saw any one, and, as I thought, in full possession of her faculties. The paroxysm went off," as before "with a flow of tears." At the end of another month, prisoner's attendant comes to the office of witness, and says: "Miss Mary wants to see you, and I do wish you would go, for no one else seems to do her so much good when she is in this way." The same physical and mental conditions are noted as before, only the "paroxysm" is more severe. After some preliminary passages, the witness says: "She advanced rapidly towards me, wringing and twisting her handkerchief, and saying, almost fiercely, 'I am not going to stay here any longer, Mr. Bradley, I am going

out—I am. I won't stay. I want you to take me out, Mr. Bradley.' I replied, 'Yes, Miss Mary, that's all right; I don't wonder at it. You have had a long and hard time of it, and I would like to get you out.' 'Then take me out—take me out now. I won't stay here a minute.' 'But look at those bars, and—' 'Bars! bars! what do I care for bars?'" At length she seats herself. and the witness takes occasion to apply bay rum and water to her temples. Becoming less excited, she says: "Mr. Bradley, I can't stay here; I can't sleep; I have not slept for two weeks; as soon as I begin to close my eyes, I am roused up; the cry of murder is ringing in my ears." After much more of this talk, the witness "tried to soothe her; and falling into her own vein, by degrees the excitement subsided, a tear swelled up and filled her eye, and hung on the lid. I wiped it off with my own pocket handkerchief."

But we must spare our readers any further detail of these interesting scenes, and hasten on. The witness concludes with the following opinion in respect to the prisoner's mental condition:

> I have no hesitation in saying that Miss Harris is not only of sound mind, but has an uncommonly good mind. I have no hesitation in saying, indeed I am perfectly confident, that in certain conditions of the system her mind is so far affected, not by nervous irritation alone, but by moral causes, that when a fact or substance is suddenly presented to her mind, connected with these moral causes, or during this state of excitement of her mind, that she is incapable of thinking and acting in regard to that subject with reason or discretion; and that she is subject to certain impulses which control her will in reference to the same matter; and that is what I understand to be paroxysmal insanity from moral causes.

We now come to the testimony of Dr. Charles H. Nichols, Superintendent of the Government Hospital

for the Insane. Dr. Nichols visited the prisoner several times while in jail, and listened to all the evidence brought out on the trial. He was the only witness examined as an expert, and although enough may not appear in the report of this case to justify his opinions, yet it will none the less be acknowledged that his testimony is highly creditable to his professional learning and experience. It must not be forgotten, that the conclusions of an expert in insanity are in part based upon a certain faculty of detecting mental disease, which is derived from long contact with the insane, and which cannot be wholly accounted for to other persons, or even to himself. Such a special sense, created by experience, constitutes expertness, in mental and physical diseases not only, but in many of the arts of life. We cannot, then, analyze and weigh the testimony of Dr. Nichols as if it were that of a non-expert, and based upon facts which may be, and in fact are, all before us. In respect to the testimony of Mr. Bradley, even, we should have no such hesitation. It was either that of an eager and unscrupulous advocate in behalf of his client, or, more probably, of a kind and too susceptible old gentleman, won over by the seductive manners, and the real distress, of an hysterical girl. In some of the other medical witnesses we recognize a pardonable ignorance of the subject in question. In all—and we include even the Court and counsel—the influence of a strong popular sympathy with the accused is plainly apparent.

The following is a general statement of the views of Dr. Nichols:

Miss Mary Harris's brain and nervous system are large and active. The nervous temperament largely predominates over the other temperaments of physiologists. It appears that she has been affected

with painful dysmenorrhœa, from the autumn of 1863 to near the present time. Her mental faculties are stronger and more active than the average of women. Her temper is highly sensitive and spirited, but kind and placable. She has not enjoyed the advantages of much moral or mental training. Her character was that of an uncommonly sprightly and engaging girl, who had attracted the notice and regard of highly respectable gentlemen and ladies in Burlington, Iowa, who esteemed her for her intelligence, honorable ambition, and virtue. Both her physical constitution and health, and her mental and moral constitution are such as to render her unusually susceptible to either a physical or moral cause of insanity. She has been exposed at the same time to the physical and moral agencies which frequently cause mental derangement, and those to whose effects she was peculiarly susceptible. 1. Painful dysmenorrhœa. 2. Disappointment in love—the sudden and unexpected breaking off a long continued engagement of marriage, in a manner most calculated to deeply wound the sensibilities of a nervous, proud, and virtuous young woman, and to disturb her reason. From the moment of this *disappointment in love*—this great shock to her delicate moral sensibilities—there was a material change in her spirits and health, and she at times exhibited acts of insane violence. She was unquestionably insane at times during the period between the disappointment and the homicide. The circumstances attending the homicide by *her*, are better explained by the assumption that it was an act of insanity, than that it was an act of malice or revenge. The state of her body and mind since the homicide is calculated to corroborate the theory that there is a continuous morbid susceptibility to mental disturbance, and that the homicide was an act of insane violence.

In reply to questions, Dr. N. further states, that menstruation "is a frequent cause of mental disturbance;" and that he "does not consider a knowledge of right and wrong, in the abstract, as a test of insanity; nor even a knowledge of right and wrong in respect to any criminal act that may be committed by an insane person." The remainder of Dr. Nichols's direct examination is reported as follows:

Q. Describe to the jury what is understood in your profession by the term "insane impulse?" A. By "insane impulse" I understand

that an individual is impelled, in consequence of disease of the brain, suddenly to commit an act that he is unable to restrain himself from committing. In some instances there is, probably, a consciousness of the nature of the act; but in most instances I think there is not.

Mr. Bradley. Do you mean physical disease, or one created by the causes to which you have referred, when you speak of a diseased brain? A. Perhaps it will be a sufficiently categorical answer for me to say, that I believe that the brain is always diseased, either in substance or functions, in every case of insanity.

Q. Now, doctor, what is the effect—recognized effect, by men of science—upon the human mind of continuous and protracted thought upon any one subject, and especially if accompanied by violent emotions of disappointment, or even of exciting joy? A. Such mental habits are frequently the exciting cause of insanity.

Q. State if it is so in one case more than in the other? A. I am under the impression that disappointment in love is a more frequent cause of insanity among women than men.

Q. State whether this protracted thought upon the subject of disappointment is, or not, calculated to give rise to this character of the mental disease that you speak of as "insane impulse" upon the subject of the bereavement. A. I should think it was; though every species of insanity may be produced by a single cause; and, vice versa, every known cause of insanity may give rise to one form of that disease.

The cross-examination of Dr. N. was protracted, and we can give only the most important portions of it. His opinion was chiefly based upon the testimony of Dr. Fitch and the Misses Devlin, upon the facts noted by Mr. Bradley, and upon his own observations:

At the last interview I had with her, she was suffering from the erysipelas, described by Mr. Bradley, and she then exhibited more nervous agitation than I had observed at the previous interviews. It was the evening of the day of the funeral of our late President; and she expressed great apprehension lest further violence might be committed by his assassins, and particularly to herself.

Q. Doctor, will you be kind enough to state the technical name of the insanity with which she was affected? A. I should denominate it a case of periodical or paroxysmal mania. Q. Will you state its

nature and character, and its effect upon the person? A. The term, mania, is applied to that kind of insanity in which the excitement is great and general. The term paroxysmal, or periodical mania, is applied to that form of mania, the active symptoms of which recur sometimes pretty regularly, and at other times at irregular periods; and between them there is a greater or less remission in the activity of the disease.

While under the influence of these paroxysms of mania that I suppose existed, and still exist, I presume her mind was so far affected as to cause her to have violent impulses, and to be unable to restrain them; and also to entertain either unfounded views and feelings, or entertain those that had a foundation with a morbid energy, so as to make them appear to her much more important than they would in health.

Q. Do you think that while under the influence of this mania she was incapable of giving a rational answer as to the moral quality of her acts, or determining or estimating the moral qualities or criminal nature of her acts? A. My impression is, that Miss Harris, if her attention had been arrested so as to give a direct or categorical answer to any question of that kind, would probably have given a correct one.

Q. Do I understand you to say, Doctor, that while under the influence of this periodical mania, that her will was so far impaired as to render her unable of self-control, and render her acts involuntary? A. I think so.

No amount of premeditation and preparation to commit a homicide, in my judgment, precludes the idea that that homicide was an insane act. I, however, deem it equally due to the truth of science to say, that if there is evidence of premeditation and preparation, a much closer scrutiny should be made in respect to the existence or non-existence of insanity, if insanity is supposed to exist. That, in other words, such premeditation and preparation are calculated to throw more or less suspicion or doubt upon the existence of insanity, or that the act was an insane act. If the facts cited in the first part of your question were proved to my satisfaction, it would not alter my convictions in this case, that the act of homicide was an insane act.

Q. My object is to get at the degree of insanity. I want to know whether a party so affected as you describe would be capable, under

such circumstances, of understanding the moral character and quality of the act? A. I can answer that directly or categorically by saying "Yes," but by saying that in my judgment it was an *insane* act, I cover, it seems to me, the question of responsibility.

Q. What I wish to know is in determining, as a scientific gentleman, whether a person is insane or not, laboring under the species of insanity to which you have testified, what effect would it have upon your judgment in determining that question, if it appeared that the party was prompted by a spirit of revenge or hatred against any particular person. A. To that question I would make the same reply that I made to the question in relation to the effect upon my judgment of premeditation and preparation, substituting the words revenge and hatred. Q. Are they not as a general rule inconsistent with the idea of that insanity to which you have testified? A. I can hardly say that, as a general rule, they are. If those motives do not appear to exist I should the more readily conclude that it was a case of homicide by an insane person—an insane act.

Q. What, in your judgment, is the present condition of the prisoner's mind? A. I will repeat what I said the other day in regard to that. It is this: The state of her body and mind since the homicide, is calculated to corroborate the truth of the theory that there is a continuous morbid susceptibility to mental disturbance, and that it, (the homicide for which she is on trial,) was an act of insane violence. Q. Do you mean to apply that to the condition of the prisoner at this moment? A. Yes, sir.

Q. Now, doctor, be good enough to state, with as much minuteness as possible, what facts are in the testimony of the other witnesses as to her condition and conduct prior to the time of the homicide, that, in connection with your own observation, enable you to form an opinion? (Objected to. Objection overruled.) A. The Misses Devlin testify to a material change in her physical and mental condition, immediately following a disappointment. That change, in itself, is a morbid one—is disease. The *character* of the change was such, immediately upon its occurrence, as to indicate either mental disease or a susceptibility to it. She then exhibited, from time to time, what appeared to be symptoms of actual mental disease. The symptoms to which I refer were the nervousness and excitability, the loss of sleep, the loss of appetite, the loss of flesh, and the change in her

spirits—her mental depression. Those, I believe, are all the principal features of the change first noticed.

Dr. Fitch testifies to her suffering under a painful and severe form of dysmenorrhœa, shortly subsequent to the disappointment. It seems to me impossible to do justice to science and speak of the symptoms simply, without connecting them with the cause, and showing how they harmonize, under your question.

In the first stage of the case, I perceive a constitutional susceptibility to mental disturbances from certain causes. I find from the testimony, as I think, that those causes existed, or occurred. I then find that her moral and womanly sensibilities were deeply wounded; that she suffered from a painful dysmenorrhœa. These were exciting causes of insanity, and occurred independently of the constitutional tendency to mental disease. Then it seems to me that the manifestations of a particular form of insanity continued from time to time in the continued emaciation, irregular and insufficient sleep, the depression of spirits, and an occasional outbreak of insane violence, of a character which harmonizes with the form of disease that I suppose to have existed. Those instances are the attack upon Miss Jane Devlin, upon a customer in the store, the cutting up the quilt, (which was, so to speak, a very *natural* insane act,) her effort to leave the house at such an unseasonable hour at that season of the year, (the winter,) and in her state of health, connected with the remark which indicates—I do not think it *proves*—some indefinite purpose in regard to her own life. The remark itself, in connection with her depression of spirits and state of mind generally, gave rise to the suspicion in my mind that I have indicated.

Q. Now, Doctor, you have heard all the circumstances of the homicide, will you be good enough to indicate what symptoms of insanity you are able to mention that have been adduced here in evidence on that subject? A. It is due to science to say that, so far as I understand the circumstances connected with the homicide, as testified to in my hearing, they do not of themselves prove the existence of insanity; though I think they were in harmony, in the main, with what usually occurs when an insane person commits a homicide. There appears to have been no effort to commit the act secretly. The best opportunity of committing the act was not embraced, as I think a sane person would have done. There were no efforts to escape; no attempt to palliate the crime by alleging provo-

cation. On the contrary, she expressed her sorrow that she had done it; and her great distress in consequence.

Q. Will you please state all the facts adduced in the testimony to which you have listened, which, outside of your own observation, you predicate any connection with these other facts—the opinion of insanity? A. My view that this is a continuous disease, or a susceptibility to disease, aside from what I saw of Miss Harris myself, is based mainly upon the testimony of Mr. Bradley. He testifies to so many incidents that I find myself unable to mention them all; but I recollect his mention of the frequency of her pulse, the manifestation of great nervous and mental disturbance in the expression of unfounded apprehensions, if not positive delusions; loss of sleep, and insensibility to cold. Q. Will you please give us some idea of the difference between the condition of the mind when in a state of actual disease, and in a state of extreme susceptibility to disease, of which you have spoken; and whether the condition of extreme susceptibility is not actually a condition of disease? A. The words I used were, I think, *susceptibility to mental disturbance;* and by those terms I mean, if you please, actual disease. Q. Then you regard the prisoner as actually diseased in mind from the date of her disappointment to the day of the homicide. A. Yes, sir. Q. You speak of the time continuous, the whole period? A. Yes, sir. Q. Be good enough to speak of the condition of her mind from the date of her disappointment to the date of the homicide, with reference to the sanity or insanity of the party, and to the responsibility or irresponsibility of the party during that period? A. I think that during the period referred to Miss Harris may have committed, and probably did commit, a great many acts for which she should be held to legal and moral responsibility; but that she was liable, at times during the period referred to, to commit acts arising from mental disease; in other words, that were associated with an active manifestation of mental disease, for which she should not have been held, or be held, legally and morally responsible, is also true. I am quite indisposed to go into a disquisition voluntarily on this or any other branch of insanity; but perhaps it is due to myself and to truth to say that, in my view, for an insane person to be irresponsible for an act, the act must grow out of the insanity; that comparatively few persons are so insane as not to do many acts for which they are responsible, and for which they should be held responsible.

Q. Then, Doctor, I will ask you if these paroxysms of insanity, in your theory of the case, were liable to occur at any time, irrespective of the appearance or non-appearance of any one individual? A. My belief is—at least my strong impression is, and I do not feel so certain upon that point as I might do under a different state of facts—but my belief is that paroxysms were more likely to appear at the monthly periods; but I think she was liable to have them at other times, that they were likely to occur independent wholly of any immediate exciting causes, and that they might appear at any time. A little indisposition arising from cold, a bilious condition, fatigue, or anything of that kind might produce a paroxysm of excitement.

By Mr. Hughes. I understood you to say in your cross-examination, that in cases of this kind the act proceeded from insanity? A. *Yes, sir.* Q. I desire you to give your opinion from what you know of this case, whether the act here proceeded from an insane impulse? A. *I am of opinion that it did.*

Dr. John Frederick May, a general practitioner, residing in Washington, was also sworn. In a hypothetical case given by the prosecution, he should not be satisfied that insanity was present. In another case, illustrating the theory of defence in this trial, he judged the supposed homicide to be "the act of a person at times laboring under mental derangement."

Dr. Young, physician to the jail in which the prisoner was confined, saw her generally every day, but had never observed any indication of insanity.

Dr. William P. Johnson, also a practicing physician in Washington, was not very clear in his views as to the prisoner's mental condition. The following is the conclusion of his testimony:

Q. Doctor, will you state what is the inference, treated medically, from these facts, upon the question of the condition of the mind? A. I should have said that this patient was laboring under this hysterical condition, and I want here to explain what I mean by hysterical. The ordinary acceptation of that term is not that which is meant by it medically. It is ordinarily understood as something more or

less voluntary, as proceeding from a weak mind, and that the person, therefore, is nervous, in the ordinary acceptation of that term. By the term, as used medically, we consider an individual suffering from hysteria as irresponsible for any act which she might commit. It is just as impossible for them to prevent violence as it would be for them to prevent being drowned, if thrown into water deep enough, and there allowed to remain.

Dr. Thomas Miller concurred entirely in the views and opinions expressed by Dr. May.

Dr. F. Howard gave the following as his opinion on the hypothetical case put by the counsel for defence:

I would suppose the patient thus described to be subject to mental alienation, and that she was subject to insane impulses—possibly suicidal or homicidal mania.

The prosecution and defence, respectively, submitted a series of prayers, in accordance with which the Court was requested to instruct the jury. We shall notice but two of these.

The following, submitted by the defence, was granted:

If, at the time of committing the said acts as aforesaid, the prisoner was moved thereto by an insane impulse controlling her will and judgment too powerful for her to resist, and said insane impulse arose from causes physical or moral, or from both combined, not voluntarily induced by herself, she is entitled to a verdict of not guilty.

Likewise the following, submitted by the prosecution, was adopted, with the important addition, by the Court, of the final sentence, which we have put in italics:

If the jury find from the whole evidence that the deceased came to his death at the time and place, and in the manner set forth in the foregoing prayer, they must find the accused guilty as indicted, unless they are satisfied by said evidence, beyond a reasonable doubt, that at the time the said homicide was committed, as aforesaid, the accused had not sufficient capacity to distinguish right from wrong in regard to the homicide, or was from disease incapable to resist the commission of the act; *or was impelled to the act by an insane impulse, pro-*

duced either by diseased physical condition, or by moral causes operating on a diseased state of her system, stinging her to madness, and for the time displacing reason from its seat.

The Court further said:

The plea in this case is simply not guilty, and the Act of Congress does not require the jury to state upon what reasons they are to find their verdict.

What is this but an invitation to the jury to gratify their own "impulses" in a verdict of acquittal? Under such ruling, the legal definitions of insanity, which have been settled with so much labor, are entirely set aside. "Insane impulse," in the sense here given it, is a pure fiction, invented to enable a jury to act unrestrained by the rules of legal and medical science. There need be found no degree of dementia, no delusion, no momentary delirium even. But "diseased physical condition," certain to be found in the history of every case; "moral causes operating," etc.—grief, revenge, for instance; "stinging to madness, and for the time displacing reason from its seat,"—very powerful language, no doubt, but more metaphorical than the law is wont to use; these are the tests of insanity proffered by the Supreme Court of the District of Columbia. Judge Wylie does not, indeed, go so far in his innovations as did his predecessor Judge Crawford, who ruled, in the famous Sickles' case, that the prisoner was entitled to the benefit of a doubt, in the minds of the jury, as to his mental condition. But if a jury may find insane impulse where there is no insanity in either the common or legal sense, we do not see that anything more is needed. Yet, it will be said, insanity, and that in a degree sufficient to relieve from responsibility, was found by the medical and expert witnesses. We are compelled to admit the weight of

this, not only in courtesy, but in justice. Still, it is only the substantial facts given in evidence in this case which can go before the world, and by these it must be judged. If the appearances of insanity observed by Dr. Nichols were incapable of being described in terms, they cannot, of course, be taken into account in an analysis of the testimony as published. Fortunately, it does not often happen to experts to find the human mind so seriously affected by disease as to dethrone the will—usually the last to yield to insanity, as it is in fact only the final expression of all the other faculties—while both the feelings and the understanding are left undisturbed. When this rare condition is found, and neither popular language nor the formulas of medical and legal science are sufficient to describe it, the difficulty is indeed a serious one. Without proposing a remedy for it, however, we must proceed to offer some remarks on the present case.

In the first place, no delusion, in the medico-legal sense of the term, was exhibited by the prisoner at any time in her history. The temporary visual and aural hallucinations which she seems to have had in Chicago, and while in jail, are the natural result of excitement, and not worthy to be mentioned. Indeed, no prominence is given them by any one. Any degree of mental enfeeblement is also disclaimed for her. There remains, then, the plea of "moral insanity," which we maintain has not, and cannot have any place in the sciences of law or medicine. But admitting, for a moment, that there is such a condition as moral insanity, how can it be predicated of the girl, Mary Harris? It must be said that the greatest inconsistency and seeming ignorance in respect to this supposed form of mental disease, are apparent in the arguments of her counsel. At least some-

thing like the language of science, and a theory consistent with itself, ought to be preserved in such a case; but even these were, for the most part, dispensed with. They do these things infinitely better in New York, as the celebrated case of Huntington may testify. But whether with the design of concealing the weakness of their theory, or from a want of knowledge, the phrases moral insanity, homicidal impulse, insane impulse, uncontrollable excitement, etc., are used indiscriminately, and seemingly as often as possible. Another phrase is that of "periodical or paroxysmal insanity," which is used to denote a single species of disease, instead of two, as it should be understood. Now the moral insanity of Prichard is made up of two monomanias, as recognized by Pinel and Esquirol, the affective and the instinctive. In the former—which is also the *manie raisonnante* of Pinel, and the *folie d'action* of Brierre de Boismont—according to Esquirol, "the understanding is not essentially disturbed, *and the patient is always ready to justify his sentiments and conduct.*" This, the more common of the two forms included under the term moral insanity, is not the insanity of Mary Harris. She lamented the homicidal act from the first, and exhibited the keenest remorse therefor. Was hers, then, a case of instinctive monomania, of the homicidal type? This variety is admitted by those who recognize it, to be exceedingly rare. Most cases of homicidal insanity—we think all—are cases of homicidal mania, not monomania. But supposing, for a moment, that disease may be the source of an impulse so powerful as to destroy free-agency, and yet be manifested in no way but in the homicidal act. Of course, then, there can be no positive, but only probable proof of insanity, and this proof, to

be sufficient—so say the authorities on the subject—must consist of two elements. There must be no natural, intelligible way of accounting for the act except in the supposition of insanity, and some efficient predisposing cause of mental disease, must have existed. Such causes are heredity, previous attacks of insanity, wounds of the head, brain fever, the sudden suppression of a discharge, the puerperal state, and some others. But neither dysmenorrhœa nor disappointed affection are of this class. Where the menstrual function is in fact performed, either with or without pain, we have not the least warrant for looking to it as a cause of mental derangement. Nor is the expert satisfied with attributing an attack of insanity to disappointed affection. The belief that this is a common cause of mental disorder is a mere popular error. Girls who, from hereditary tendency, or the transformation of a neurosis, begin to dement, as they are apt to do, at the time of puberty, are very likely to develop, among the first symptoms of insanity, some fancy for one of the opposite sex; which, meeting no encouragement, soon gives rise, in popular fancy, to a case of disappointment in love. This is a type of the class of those whose minds have been overthrown, as it is said, by all-powerful love, and Mary Harris is as far as possible from being an example of it. Besides, the evidence does not show any deep-rooted, serious attachment between the parties. He was nearly twice as old as she, a foolish, trifling fellow, and quite incompetent to feel or excite anything worthy the name of love. Nothing could be more natural, than that the flattered vanity and excited ambition of Mary Harris should be changed, by his shameful conduct, into deadly hatred and the desire of revenge. That these feelings

should find vent in hysteria, especially at the menstrual crisis, is also what we should expect. Nor can anything be more plain, than that the facts testified to by Dr. Fitch and the Misses Devlin are those of hysteria, and hysteria alone. The former does not testify to a belief in the insanity of his patient, at that time, and says that what is "most like evidence of insanity" in her history, are her contradictory statements to the policeman and to Secretary McCullough, during the moments of distraction immediately following the murder. Of the manifestations sworn to by the Misses Devlin we have already spoken.

There is one point in the testimony of the medical witnesses to which we wish to call attention. It is contained in a paragraph from the cross-examination of Dr. William P. Johnson, quoted on a preceding page. We must dispute the correctness of Dr. Johnson's definition of hysteria. That which he gives as its popular meaning is much more nearly correct. Hysteria is a disorder marked by great nervous excitability, shown in spasm and convulsion, more or less disorder of the feelings, and, in its worst forms, a yielding up of the will at the prompting of selfish and depraved desires. Violence and threats to commit it are manifested by hysterical subjects only when this may be done with a degree of impunity. The usual object is sympathy or notoriety, and firmness on the part of the friend or physician will usually repress these manifestations. They mark the so-called secondary hysteria, and bear the same relation to hysteromania, that drunkenness does to mania â potu; though there is less excuse for confounding the former than the latter of these two sets of allied conditions. For, as the learned Dr. Morel observes, "the

ordinary symptoms which are observed in hysteria proper have disappeared in hysterical insanity, which is a transformed neurosis, in the most rigorous sense."

And now that we have, with no little labor, sifted from the mass of testimony taken in this trial all that has any bearing upon the mental condition of the accused, we fear our readers will ask, to what good purpose it has been done. Aside from the opinion of our respected friend, Dr. Nichols—taking into view the facts only, as they appear in evidence—we shall be told that there is no proper ground for grave suspicion, even, of insanity in this case. If we believed in moral insanity—in an insanity whose sole predisposing and proximate cause is wounded feeling; which consists only in a determination to satisfy revenge at all hazards; and which—

> "No balm can cure but his heart's blood,
> Which breathed this poison,"—

our judgment might, indeed, be different. But it is this moral insanity, which, in this instance—and so it generally proves—has not a single symptom to distinguish it from moral depravity, that we refuse to give a place in the list of mental diseases. If others can afford to reject those rules for tracing human passion to its source in sin or disease, which are the crystallization of all legal wisdom from the beginning, and in accordance with which Cain was found guilty by the great Judge, we have only to say that we cannot. That they afford but a dim light where all can be known only to Omniscence, is what we should expect; but this can not be a reason for deserting them to follow the *ignis fatuus* of moral insanity.

INFLUENCE OF DISTANCE FROM AND NEARNESS TO AN INSANE HOSPITAL ON ITS USE BY THE PEOPLE.

BY EDWARD JARVIS, M. D.

At the present moment, when the Legislature of New York is proposing to establish another large central hospital for the care of the insane of the whole State, making it necessary for the people of every county, however near or remote, to send their curable patients to one institution, at Utica, and all their incurable patients to another central institution, it is worth while to examine the history of the past and see what has been the effect of this endeavor to concentrate all the lunatics of the State in one place, and how far the blessings of such an institution, its privileges and advantages have been practically given to, and enjoyed by the people in the various parts of the State.

At the same time it will be well to examine the history of similar institutions in other States, and see how far they have accomplished the whole purpose of their creation, in healing or caring for the mental maladies of their people, in all their near and remote districts.

An insane hospital is, and must be, to a certain extent, a local institution. People will avail themselves of its privileges in some proportion to their nearness to it. No liberality of admission, no excellence of its management, no power of reputation can entirely overcome the obstacle of distance, expense, and of the difficulties of transporting lunatics, or the objection of friends

ordinary symptoms which are observed in hysteria proper have disappeared in hysterical insanity, which is a transformed neurosis, in the most rigorous sense."

And now that we have, with no little labor, sifted from the mass of testimony taken in this trial all that has any bearing upon the mental condition of the accused, we fear our readers will ask, to what good purpose it has been done. Aside from the opinion of our respected friend, Dr. Nichols—taking into view the facts only, as they appear in evidence—we shall be told that there is no proper ground for grave suspicion, even, of insanity in this case. If we believed in moral insanity—in an insanity whose sole predisposing and proximate cause is wounded feeling; which consists only in a determination to satisfy revenge at all hazards; and which—

> "No balm can cure but his heart's blood,
> Which breathed this poison,"—

our judgment might, indeed, be different. But it is this moral insanity, which, in this instance—and so it generally proves—has not a single symptom to distinguish it from moral depravity, that we refuse to give a place in the list of mental diseases. If others can afford to reject those rules for tracing human passion to its source in sin or disease, which are the crystallization of all legal wisdom from the beginning, and in accordance with which Cain was found guilty by the great Judge, we have only to say that we cannot. That they afford but a dim light where all can be known only to Omniscence, is what we should expect; but this can not be a reason for deserting them to follow the *ignis fatuus* of moral insanity. *

INFLUENCE OF DISTANCE FROM AND NEARNESS TO AN INSANE HOSPITAL ON ITS USE BY THE PEOPLE.

BY EDWARD JARVIS, M. D.

At the present moment, when the Legislature of New York is proposing to establish another large central hospital for the care of the insane of the whole State, making it necessary for the people of every county, however near or remote, to send their curable patients to one institution, at Utica, and all their incurable patients to another central institution, it is worth while to examine the history of the past and see what has been the effect of this endeavor to concentrate all the lunatics of the State in one place, and how far the blessings of such an institution, its privileges and advantages have been practically given to, and enjoyed by the people in the various parts of the State.

At the same time it will be well to examine the history of similar institutions in other States, and see how far they have accomplished the whole purpose of their creation, in healing or caring for the mental maladies of their people, in all their near and remote districts.

An insane hospital is, and must be, to a certain extent, a local institution. People will avail themselves of its privileges in some proportion to their nearness to it. No liberality of admission, no excellence of its management, no power of reputation can entirely overcome the obstacle of distance, expense, and of the difficulties of transporting lunatics, or the objection of friends

to sending their insane patients far from home, and out of the reach of ready communication.

The operation of this principle, in some degree, seems probable to any one who gives a thought to the matter; but the facts, the particular history of those institutions, in which the records of the homes of their patients are kept, show that the objection of distance prevails with all of them, and that those hospitals have been and are used by those who live near by, much more than by those who live farther off; and consequently they are practically much more local in their usefulness than they are intended or are supposed to be.

The State Hospital at Utica was opened in 1843, and offered to the people of every county, both near and remote, the same conditions. The people of Oneida, Schoharie, Orange, Washington and Chautauqua were alike invited to send their insane, on the same terms. Between them there was and could be no difference of advantage, after their patients should be placed in the hospital; the only difference was in the distances between their homes and the institution, in the labor, cost and burden of travelling to a hospital with a lunatic.

To make this matter more certain and to show the difference of enjoyment to the eye, the whole State has been divided into four Districts, according to their distance from the hospital.

The first District is Oneida county, in which the hospital is situated.

The second District consists of eleven counties: Chenango, Cortland, Fulton, Herkimer, Lewis, Madison, Montgomery, Onondaga, Oswego, Otsego, Schoharie.

These are mostly within 60 miles of Utica.

The third District includes seventeen counties, which are from 60 to 120 miles distant: Albany, Broome, Cayuga, Columbia, Delaware, Greene, Hamilton, Jefferson, Rensselaer, Saratoga, Schenectady, Seneca, Tioga, Tompkins, Warren, Washington, Wayne.

The fourth District includes the most distant counties, which are from 120 to 350 miles from Utica: Allegany, Cattaraugus, Chautauqua, Chemung, Clinton, Dutchess, Erie, Essex, Franklin, Genesee, Livingston, Monroe, Niagara, Ontario, Orange, Orleans, Putnam, Queens, Richmond, Rockland, Schuyler, Steuben, St. Lawrence, Suffolk, Sullivan, Ulster, Westchester, Wyoming, Yates.

These four Districts include all the counties of the State, except New York and Kings, which have each hospitals of their own, and, therefore, little or no occasion or inducement to send patients to Utica.

The population of each of these Districts has been ascertained and calculated for each of the twenty-three years, 1843 to 1865, inclusive, since the hospital was opened. The number of patients sent to the hospital from each District, within that period, has also been ascertained. Taking, then, the sum of the annual populations for twenty-three years, and dividing it by the number of patients sent in that time, shows the proportion of patients which each District has sent out of its whole number of people. These numbers and facts are presented in the following tables:

Annual Population of the Districts of New York.

YEAR.	DISTRICTS.			
	I.	II.	III.	IV.
1843	84,990	411,281	625,224	998,656
1844	84,880	412,350	629,913	1,010,640
1845	84,776	413,445	634,561	1,022,799
1846	87,658	421,217	647,252	1,053,687
1847	90,538	429,135	660,197	1,085,508
1848	93,619	437,202	673,400	1,118,290
1849	96,805	445,421	686,868	1,152,062
1850	99,566	453,768	700,803	1,186,728
1851	100,959	456,490	704,657	1,213,310
1852	102,372	459,228	708,532	1,240,488
1853	103,805	461,983	712,428	1,268,274
1854	105,258	463,754	716,346	1,296,683
1855	107,749	465,291	719,997	1,326,918
1856	107,265	469,013	728,132	1,307,811
1857	106,783	472,765	736,361	1,289,049
1858	106,303	476,547	744,681	1,270,487
1859	105,825	480,349	753,095	1,252,192
1860	105,202	486,212	761,460	1,235,347
1861	104,676	484,994	760,547	1,276,113
1862	104,153	483,783	759,635	1,318,224
1863	103,633	482,574	758,724	1,361,725
1864	103,115	481,368	757,814	1,406,661
1865	102,713	480,236	756,893	1,454,825
Total.	2,292,643	10,528,406	16,337,520	28,146,477

For these twenty-three years, 1843 to 1865, in Oneida county, the sum of the annual populations was 2,292,643 who sent 827 patients, or 1 in 2,772 of this number, to the hospital. In the second District, the sum of the annual populations was 10,528,406, who sent 1,809 patients, or 1 in 5,820 of this number to the hospital. In the third District, the sum of the annual populations was 16,337,520, who sent 2,222 patients, or 1 in 7,351 of their number to the hospital. In the fourth District, the sum of the annual populations was 28,146,477, who sent 2,440 patients, or 1 in 11,535 of their number to the hospital.

Population and Patients of Districts.

	DISTRICTS.			
	I.	II.	III.	IV.
Sum of the Annual Population for 23 years,.....	2,292,643	10,528,406	16,337,520	28,146,477
Patients sent to the Hospital in 23 years,.....	827	1,809	2,222	2,440
Average Annual Population,.....	99,680	457,756	710,327	1,223,760
Average Patients sent to the Hospital, ...	36	78	96	106
Population to one Patient sent to the Hospital in each year,.....	2,772	5,820	7,351	11,535

This shows a great disproportion in the uses made of the hospital by the people of the near and of the remote counties.

Taking a basis 1,000 for the extent of the enjoyment of the hospital by the remotest Districts, the proportionate enjoyment of the Districts will be: IV, 1,000; III, 1,568; II, 1,981; I, 4,196.

The advantages of the hospital enjoyed by Oneida county have been more than double those enjoyed by the counties next beyond, but within 60 miles; they are nearly threefold those enjoyed by the counties which are from 60 to 120 miles distant; and more than four times as great as those enjoyed by the people of the counties which are more than 120 miles distant.

It will not be supposed that the insane persons who needed the hospital care or treatment in these Districts were in these proportions. It cannot be supposed that the number of lunatics in Oneida county is twice as great as that in Oswego, Fulton, Schoharie, Herkimer, and the other counties beyond Oneida but within 60 miles; or four times as great as that in counties 120 and more miles from this District.

The State Censuses of 1855 and 1865 show the number of the insane in the several counties of New York.

Arranging these in the Districts herein described, according to their distance from Utica, they were in proportion to the population.

Population to One Lunatic in New York.

District.	1855.	1865.
I.	1,224	1,300
II.	1,525	1,611
III.	1,457	1,396
IV.	1,788	1,904

This diversity of advantage of an insane hospital enjoyed by the people of near and remote Districts, is not an accident, nor a peculiarity of New York alone. It is a general and probably universal principle—a natural and necessary law of nature or of humanity—for in all other States whose hospital records of patients' residence have been obtained, the same law is found to be in operation, and the people send their patients to these institutions in proportion to their nearness.

In twenty-six States, for various periods of years, insane hospitals have been in operation, whose doors are and have been open alike to all of their people. The Reports of most of these institutions state the number which have been sent to them from each county. From the others, copies of the records of facts have been obtained, showing the number which the various parts of the States have contributed to fill the wards of those institutions. In order to determine the extent and application of the law of distance in the use of hospitals, these other States and two of the British Provinces have been examined and analyzed in the same way as New York.

They have been divided into concentric districts, making the county in which the hospital is situated the first, and the contiguous counties the second district, and the others more distant. The populations of these several districts have been calculated and determined for each of the years in which the hospital has been in operation, or in which the records of the residence of the patients were kept and have been obtained, and the comparison made of the proportion of patients to population of the several districts.

It should be here stated, that in making these concentric circular divisions, it has been impossible to make them perfectly regular, with an exactly equal radius from the common centre or equal distance of the inner and outer boundary from the hospital, for the counties are very diversely and irregularly shaped, some of them, as in Maine, being nearly 150 miles long. While then a district may be stated to be within certain specified distances from the hospital, circles drawn upon these radii would, on both sides, exclude some part of the territory that belongs to it, and include some that belongs to its neighbor. Nevertheless, these irregularities of border, or exceptions to the rule, will not militate with the general plan, nor vitiate any calculations made upon, or deductions made from, this analysis of the States and hospital receptions.

Twenty-two States and two British Provinces furnish the conditions requisite for the purpose of this report, and are included in the calculations and statements: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New Jersey, Pennsylvania, Maryland, Virginia, North Carolina, Michigan, Ohio, Indiana,

Illinois, Missouri, Kentucky, Tennesee, Mississippi, Louisiana, Canada, Nova Scotia.

MAINE.

The hospital is established by and under the control of the State, and open alike to the people of all its parts. It has been in operation from 1840, and has a record of twenty-six years. The hospital is at Augusta, in the county of Kennebec.

The first District consists of Kennebec county.

The second District includes eight counties contiguous to Kennebec: Androscoggin, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo.

The third District includes three counties: Cumberland, Hancock, York.

The fourth District consists of four counties: Aroostook, Penobscot, Piscataquis, Washington.

In the first District, Kennebec county, the sum of the annual populations for twenty-six years was 1,519,860; these sent 536 patients to the hospital; equal to one in 2,835 of the living in each year.

In the second District, the sum of the populations was 5,869,616, or an annual average of 225,754. This District sent 1,135, or an annual average of 43.3, equal to one in 5,171 of the living in each year.

In the third District, the sum of populations was 4,414,348, an annual average of 169,782. These sent 784 patients in twenty-six years, an average of 30.1, or one in 5,630 in each year.

In the fourth District, the sum of the populations was 3,448,294, or an annual average of 133,396. They sent 437 patients, an average of 15.8, or one in 7,890 of the people.

NEW HAMPSHIRE.

The hospital was established in 1842, and has been in operation twenty-three years. It is in Merrimac county, which is the first District.

The second District includes the contiguous counties: Belknap, Grafton, Hillsborough, Rockingham, Sullivan.

The third District includes the most remote counties: Carroll, Cheshire, Coos, Stafford.

In the first District, the sum of the annual populations, for twenty-three years, is 966,310, an average of 42,013. These sent 396 patients to the hospital, a yearly average of 17.2, or one in 2,440 of the people.

In the second District the sum of populations was 4,406,569, an annual average of 191,589. These sent 1,270 patients, averaging 55.2, or one in 3,469 of the living, in each year.

In the third District, the sum of the annual populations was 2,229,424, averaging 96,931 yearly. These sent 355 patients to the hospital, or 15.4, one in 6,280, in each year.

MASSACHUSETTS.

The Worcester Hospital in Massachusetts was opened in 1833, and was the only State institution of its class until 1854, when the Taunton Hospital was opened. During this period it was open to all the people of the State, and received patients from all the counties. In the classification Suffolk county is omitted, because it had a hospital of its own for paupers from 1838, and the McLean Asylum received most of its private patients.

In the first District, including Worcester county, the sum of populations through twenty-one years was 2,378,573, or an annual average of 123,122. These

sent 1,067 patients to the hospital, averaging 50.6, or one in 2,229 in each year.

In the second District of contiguous counties, including Franklin, Hampden, Hampshire, Middlesex, Norfolk, the sum of the annual populations was 6,133,637, an average of 292,078 in each year. These sent 3,872 patients to the hospital, or 185.3 yearly, which is equal to one in 3,872 of the living, in each year.

In the third District of the remote counties of Barnstable, Berkshire, Bristol, Dukes, Essex, Nantucket, Plymouth, the sum of populations, through twenty-one years, was 6,602,777, a yearly average of 314,418. From these, 1,333 patients went to the hospital; being 63.5, or one in 4,953 yearly.

THE EXPERIENCE OF McLEAN ASYLUM SIMILAR TO THAT OF WORCESTER.

The McLean Asylum has been nearly fifty years in operation, at Somerville, within three miles of five cities, Boston, Chelsea, Charlestown, Cambridge and Roxbury. Although a corporate institution, it is open to all the people of Massachusetts on equal terms; all are invited to send their patients. Of the 154 patients in the house February 19, 1866, from Massachusetts, 80 were from the five cities above mentioned, 30 from other parts of Middlesex county, 24 from Essex county, 8 from Norfolk, 16 from Plymouth, 3 from Barnstable, 2 from Bristol, and 1 from Worcester county.

Residence of Patients in McLean Asylum.

County or City.	Distance.	Population.	Patients.	Population to One Patient.
Five Cities,	0– 3	290,665	80	3,633
Middlesex,	0–35	165,106	30	5,503
Essex,	2–35	165,611	24	6,900
Norfolk,	3–30	81,524	8	10,190
Plymouth,	15–45	63,074	6	10,384
Bristol,	20–60	89,505	2	
Barnstable,	45–90	35,489	3	
Worcester,	25–65		1	

RHODE ISLAND.

The Butler Hospital has been opened sixteen years—1849 to 1865—and equally open to all the people of the State.

In the first District, Providence county, the sum of annual populations was 1,704,913, an average of 106,557 in each year. From these 551 patients went to the hospital, equal to 34.4, or one in 3,094 of the living, yearly.

In the second District, embracing the rest of the State, the sum of populations was 1,076,997, or 67,312 in each year. These sent 204 patients, or 12.7 yearly, being one in 5,279 of the people.

NEW JERSEY.

The Hospital is a State institution, situated at Trenton, in Mercer county, and has been in operation from 1848 to 1865, eighteen years. It is open to all the people of every county on the same conditions.

The first District is Mercer county.

The second District includes eight counties, from 12 to 35 miles from Trenton; Burlington, Essex, Hunterdon, Middlesex, Monmouth, Ocean, Somerset, Union.

The third District includes twelve counties, which are from 35 to 75 miles distant from the hospital: Atlantic,

Bergen, Camden, Cape May, Cumberland, Gloucester, Hudson, Morris, Passaic, Salem, Sussex, Warren.

In the first District the sum of populations for eighteen years was 615,070, or an average of 34,170. From these 273 patients were sent to the hospital, which is 15.1, or one in 2,253 of the people in each year.

In the second District the sum of populations was 5,204,296, or an annual average of 289,128. From these 1,401 patients went to the hospital, which is an average of 77.8, or one in 3,714 of the living in each year.

In the third District the sum of the populations was 5,255,946, an annual average of 291,997. In the eighteen years, 890 patients went from this District to the hospital, which is 49.4, or one in 5,905 of the people in each year.

PENNSYLVANIA.

For many years the Hospital for the Insane at Philadelphia, and the Friends Asylum at Frankford, six miles from that city, both corporate institutions, and the City Pauper Hospital, had been in operation. Most of the patients belonging to Philadelphia county were and are sent to these institutions, and comparatively few have been sent to the State Hospital at Harrisburgh. Therefore the county of Philadelphia is omitted in these statements in respect to Pennsylvania.

The State Lunatic Hospital was opened October 6, 1851, and was the only State institution for the insane until 1857, when the hospital at Pittsburgh was opened to the insane in the western part of the State.

The calculations for the Harrisburgh Hospital are made for the whole State for this period, 1851, to 1857,

and for the middle and eastern parts of the State for the subsequent period.

Harrisburgh is on the border of Dauphin county, and is as near to Cumberland, the contiguous county. Therefore both of these counties are included in the first district.

The second District includes ten counties within 55 miles: Adams, Franklin, Juniata, Lancaster, Lebanon, Northumberland, Perry, Schuylkill, Snyder, York.

The third District, includes the twenty-two counties next beyond the second District, 55 to 110 miles distant from Harrisburgh: Bedford, Berks, Blair, Cambria, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Delaware, Fulton, Huntington, Lehigh, Luzerne, Lycoming, Mifflin, Montgomery, Montour, Northampton, Sullivan, Union.

The fourth District includes twenty-nine counties, 110 to 250 miles distant: Armstrong, Beaver, Bradford, Bucks, Butler, Clarion, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, MacKean, Mercer, Monroe, Pike, Potter, Somerset, Susquehanna, Tioga, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming.

During the period when the hospital at Harrisburgh was the only State institution for the insane, the sum of the annual populations of the several Districts and of the patients sent, and also the annual averages of these were as follows:

In the first District, the sum of the populations was 418,256, a yearly average of 76,046. Their total of patients sent to the hospital was 69, being 12.5 patients and one in 6,061 of the people in each year.

In the second District the sum of populations was 2,190,973, or an yearly average of 398,358, who sent 203 patients to the hospital, equal to 36.9 each year, or one in 10,793 of the living.

In the third District the sum of the populations was 3,678,752, and number of patients 208, which was an annual average of 668,864 people and 37.9 patients, or one in 17,686 of the living.

In the fourth District the sum of people was 4,227,184, and patients 178, an annual average of 768,578 people and 32.3 patients, or one in 23,748 of the living.

From 1857 to the present date, the Harrisburgh Hospital and the Western Hospital have divided the State; certain counties being assigned, by law, to the eastern and certain others to the western institution.

For this period, 1857 to 1865, the eastern and central portions of the State are divided into four districts in reference to the Harrisburgh Hospital, and the western part into three, with reference to Pittsburgh as a centre.

In the eastern and central parts of the State:

In the first District, during these years, the sum of populations was 800,260, and the annual average 88,917. In the whole period 136 patients went to the hospital, which was equal to 15.1, or one in 5,884 people in each year.

In the second District the sum of annual populations was 4,240,788, an average of 471,198 yearly. These sent 404 patients, which is equal to 45, or one in 10,497 people each year.

In the third District the sum of populations was 6,808,921, an average of 756,546 in each year. They

sent 391 patients to the hospital in the whole period, which was equal to 43.4, or one in 17,414 people yearly.

In the fourth District the sum of annual populations was 7,669,080, who sent 143 patients to the hospital. The annual average of population was 852,120, and of patients 15.8, or one in 53,629.

WESTERN PENNSYLVANIA.

Allegany county was the first District.

The second District includes five contiguous counties within 50 miles of Pittsburgh: Armstrong, Beaver, Butler, Washington, Westmoreland.

The third District includes fourteen counties, 50 to 125 miles of Pittsburgh: Cambria, Clarion, Crawford, Elk, Erie, Fayette, Greene, Jefferson, Lawrence, MacKean, Mercer, Somerset, Venango, Warren.

In the first District, the sum of populations was 1,613,403, and the annual average 179,267. From these 442 patients were sent, averaging 49.1, or one in 3,650 people yearly.

In the second District, the sum of annual populations was 1,809,991, and the yearly average 201,110. These sent 171 patients, which was equal to 19, or one in 10,584 people in each year.

In the third District, the sum of annual populations was 3,737,948, or an annual average of 415,327. From these 167 patients went to the hospital, which was equal to 18.5, or one in 22,382.

MICHIGAN.

The Asylum for the Insane was established by the State, at Kalamazoo, Kalamazoo county, and commenced operations in August, 1859, and its privileges were

offered to all the people of the State—the near and the remote—to all on the same terms.

The first District is Kalamazoo county.

The second District includes seven contiguous counties, within 35 miles of the asylum: Allegan, Barry, Branch, Calhoun, Cass, St. Joseph, Van Buren.

The third District includes twenty counties, from 35 to 100 miles distant: Berrien, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kent, Lenawee, Livingston, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Ottawa, Shiawassee, Washtenaw.

The fourth District includes nineteen counties, from 100 to 150 miles distant from Kalamazoo: Bay, Clare, Genesee, Gladwin, Lake, Lapeer, Macomb, Manistee, Mason, Midland, Missaukee, Monroe, Oakland, Osceola, Roscommon, Saginaw, St. Clair, Tuscola, Wexford.

The fifth District includes twenty-three counties, from 150 to 350 miles distant from Kalamazoo: Alcona, Alpena, Antrim, Cheboygan, Chippewa, Crawford, Delta, Emmet, Grand Traverse, Houghton, Huron, Iosco, Kalkasca, Leelenau, Manitou, Marquette, Michilimackinac, Ogemaw, Ontonagon, Otsego, Presque Isle, Sanilac, Schoolcraft.

During the five and one-half years, of which the record is printed, the asylum received 386 patients. The annual populations of the several districts, and the patients received from them were as follows:

The sum of populations in the first District was 151,794, and the patients sent to the asylum 48, making an annual average of 27,599 people and 8.7 patients, or one in 3,762 of the living.

The population of the second District through these years amounted to 830,623, and the patients sent from

these to 90. These show an annual average of 151,022 inhabitants and 16.3 patients, or one in 9,229 of the people.

In the third District the sum of populations was 1,885,265, and the number of patients sent from these 170. The averages of these were 342,775 people and 30.9 patients, or one in 11,089 of the living.

In the fourth District the annual populations amounted to 1,037,211, who sent 73 patients to the asylum. The annual averages were 188,583 people and 13.2 patients, or one in 14,208 persons.

In the fifth District, the populations were 292,195, and from these 5 patients were sent to the asylum. During the period under observation, the average population was 53,126, and the yearly average of patients less than one, being one in 58,439 people.

OHIO.

The State Lunatic Asylum began its operations at Columbus, in Franklin county, November 30, 1839. It was the only institution in the State for the insane, except a local hospital at Cincinnati, until 1855, when the Northern Asylum was opened at Newburgh, for the northern and north-eastern counties, and the Southern Asylum at Dayton, for the western and south-western counties. From November, 1839, to 1855, the Columbus Asylum received patients from all the counties, its privileges being equally offered to all.*

The first District includes Franklin county.

* In this classification, Hamilton county having a hospital, is omitted.

The second District includes six contiguous counties, within 40 miles of Columbus: Delaware, Fairfield, Licking, Madison, Pickaway, Union.

The third District includes twenty-six counties next beyond those before mentioned, and from 40 to 75 miles from Columbus: Athens, Champaign, Clark, Clinton, Crawford, Fayette, Greene, Guernsey, Hardin, Highland, Hocking, Jackson, Knox, Logan, Marion, Miami, Montgomery, Morrow, Muskingum, Perry, Pike, Richland, Ross, Shelby, Vinton, Wyandot.

The fourth District includes fifty-four counties, from 75 to 150 miles from the asylum: Adams, Allen, Ashland, Ashtabula, Auglaize, Belmont, Brown, Butler, Carroll, Clermont, Columbiana, Coshocton, Cuyahoga, Darke, Defiance, Erie, Fulton, Gallia, Geauga, Hancock, Harrison, Henry, Holmes, Huron, Jefferson, Lake, Lawrence, Lorain, Lucas, Mahoning, Medina, Meigs, Mercer, Monroe, Morgan, Noble, Ottawa, Paulding, Portage, Preble, Putnam, Sandusky, Scioto, Seneca, Stark, Summit, Trumbull, Tuscarawras, Van Wirt, Warren, Washington, Wayne, Williams, Wood.

During these sixteen years the sum and averages of annual populations in, and of patients sent to the Central Asylum were as follows:

In the first District the sum of populations was 1,145,181, an annual average of 39,489. The number of patients sent was 225, which was 7.7, or one in 5,060 people in each year.

In the second District the sum of populations was 3,805,589, or an annual average of 131,227. These sent 521 patients, or 17.9 in each year, equal to one in 7,304 people.

In the third District the sum of people was 15,003,348, averaging 517,356 in each year. From these 1,281 patients went to the asylum, or 9.6 in each year, being one in 11,712 inhabitants.

In the fourth District the sum of the annual populations was 31,154,619, equal to an average of 1,074,297 in each year. The number of patients who went to the asylum was 1,079, equal to 37.2, or one in 28,873 people yearly.

ILLINOIS.

The State Asylum was opened in Jacksonville, Morgan county, in 1847. The printed reports state the residence of the patients to 1864, eighteen years.

The first District is Morgan county.

The second District includes eight counties, within 40 miles: Brown, Cass, Greene, Macoupin, Menard, Pike, Sangamon, Scott.

The third District includes fifteen counties, 40 to 75 miles distant: Adams, Bond, Calhoun, Christian, Fulton, Hancock, Jersey, Logan, Macon, Madison, Mason, McDonough, Montgomery, Schuyler, Tazewell.

The fourth District includes forty-two counties, 75 to 125 miles from the asylum: Bureau, Champaign, Clay, Clinton, Coles, Cumberland, De Kalb, De Witt, Douglas, Effingham, Fayette, Ford, Henderson, Henry, Jasper, Jefferson, Kendall, Knox, La Salle, Lee, Livingston, MacLean, Marion, Marshall, Mercer, Monroe, Moultrie, Peoria, Perry, Piatt, Putnam, Randolph, Richland, Rock Island, St. Clair, Shelby, Stark, Vermillion, Warren, Washington, Wayne, Woodford.

The fifth District includes thirty-five counties, from 125 to 225 miles distant: Alexander, Boone, Carroll,

Clark, Crawford, Du Page, Edwards, Edgar, Franklin, Gallatin, Grundy, Hamilton, Hardin, Iroquois, Jackson, Joe Daviess, Johnson, Kane, Kankakee, Lake, Lawrence, McHenry, Massac, Ogle, Pope, Pulaski, Saline, Stephenson, Union, Wabash, White, Whitesides, Will, Williamson, Winnebago.

In the first District the sum of annual populations was 337,242, or an average of 18,747, who sent 102 patients, or 5.6 yearly; equal to one in 3,306 of the people.

In the second District the sum of annual populations was 2,052,957, an average of 114,053 in each year. From these 261 went to the asylum, which is 14.5, or one in 7,865 yearly.

In the third District the sum of populations was 3,941,236, a yearly average of 218,957, who sent 423 lunatics to the asylum, equal to 23.5, or one in 9,317 in each year.

In the fourth District the sum of populations was 8,462,974, or 470,137 in each year. From among these 720 patients were sent to the asylum, which was equal to 40, or one in 11,753 annually.

The fifth District had, during the period of the operation of the asylum, a total annual population of 6,655,211, or an average of 391,483. From these 427 patients went to the asylum, which is equal to 25.1, or one in 15,585 people in each year.

MARYLAND.

The Maryland Hospital for the Insane has been established in Baltimore. It is a corporate institution, but is open equally to the patients of all parts of the State.

The records of the residence of the patients from 1850 to 1864, inclusive, have been obtained, and on this

period of fifteen years, the following calculations and statements are made:

Baltimore city constitutes the first District.

The second District includes thirteen counties, within 50 miles of Baltimore: Anne Arundel, Baltimore, (country part,) Calvert, Carroll, Cecil, Frederic, Harford, Howard, Kent, Montgomery, Prince George, Queen Ann, Talbot.

The third District includes the eight most remote counties, from 50 to 150 miles distant from the hospital: Allegany, Charles, Caroline, Dorchester, St. Mary's, Somerset, Washington, Worcester.

In the first District the sum of the annual population for fifteen years was 2,989,753, an average of 199,250 for each year. These sent 422 patients to the hospital, being 18.1, or one in 7,034 yearly.

In the second District the sum of populations was 4,383,107, or 292,270 yearly. From these 433 patients went to the hospital, being 28.8, or one in 10,122 of the people in each year.

In the third District the sum of populations was 2,461,482, averaging 164,098 a year. These sent 107 patients to the hospital, which was equal to 7.1, or one in 23,009 of the living annually.

VIRGINIA.

No record is found of the residence of the patients sent to the Eastern Asylum at Williamsburgh.

The patients sent to the Western Asylum at Staunton, Augusta county, are from the western counties, which only are included in the districts. This institution went into operation in 1828, and the people of all the western counties were invited to send their lunatic

friends to it. The residence of all patients sent from 1828 to 1859, inclusive, thirty-two years, is recorded in the reports that have been published and obtained.

The first District includes only Augusta county.

The second District includes the nine contiguous counties of Albemarle, Amherst, Bath, Greene, Highland, Nelson, Pendleton, Rockbridge, Rockingham, which are 25 to 45 miles from Staunton.

The third District contains the twenty-nine counties which are in the circle 45 to 90 miles from Staunton: Alleghany, Appomattox, Barbour, Bedford, Botetourt, Buckingham, Campbell, Charlotte, Clark, Craig, Culpepper, Cumberland, Fauquier, Fluvanna, Greenbrier, Hardy, Louisa, Madison, Orange, Page, Pocahontas, Prince Edward, Randolph, Rappahannock, Roanoke, Shenandoah, Upshur, Warren, Webster.

The fourth District includes the thirty-five counties that are from 90 to 135 miles from Staunton: Berkley, Braxton, Calhoun, Clay, Doddridge, Fairfax, Fayette, Floyd, Franklin, Frederic, Giles, Gilmer, Halifax, Hampshire, Harrison, Henry, Jefferson, Lewis, Loudon, Marion, Mercer, Monongalia, Monroe, Montgomery, Morgan, Nicholas, Patrick, Pittsylvania, Preston, Prince William, Pulaski, Raleigh, Ritchie, Roane, Taylor.

The fifth and last District includes all the counties from 135 to 330 miles westward, and as far eastward as the middle line between Staunton and Williamsburgh: Bland, Boone, Brooke, Cabell, Carroll, Grayson, Hancock, Jackson, Kanawha, Lee, Logan, Marshall, Mason, McDowell, Ohio, Pleasants, Putnam, Russell, Scott, Smith, Tazewell, Tyler, Washington, Wayne, Wetzel, Wirt, Wise, Wood, Wyoming, Wythe.

In the course of the thirty-two years, 1828 to 1859, the sum of annual populations of the first District was 695,061, or an average of 21,720 in each year. From these 127 lunatics were sent to the asylum, equal to nearly 6, or one in 5,472 of the people yearly.

The sum of populations of the second District was 3,103,376, or 96,980 in each year. These sent 252 patients; equal to an annual average of nearly 8, or one in 12,314 of the living.

The third District had, in the thirty-two years, a sum of annual populations equal to 8,596,820, or 268,650 in each year. These supplied 399 patients to the asylum, which was equal to an annual average of 12.5, or one in 21,570 of the people.

In the fourth District there were, in the course of this period, 9,162,704 people living, or an annual average of 286,334. From these 218 patients went to the asylum, which was equal to 6.8, or one in 24,433 of the people yearly.

In the fifth District the sum of annual populations was 5,472,933, an average of 171,029 yearly. This District sent 218 patients, or an average of 6.8 in each year to the asylum, equal to one in 25,105 of the whole people.

NORTH CAROLINA.

The State Asylum was opened at Raleigh, Wake county, in 1856, and offered to the people of every part of the State on equal terms. The residences of the patients are stated in the annual reports, which, from the beginning to 1860, are available for the purposes of this article.

The first District is Wake county.

The second District includes the eight contiguous counties, which are within 50 miles of Raleigh: Chatham, Franklin, Granville, Hamett, Johnson, Moore, Nash, Orange.

The third District includes the thirty-three counties next beyond the last. These are from 50 to 100 miles from the asylum: Alamance, Ansan, Bladen, Cabanas, Caswell, Cumberland, Davidson, Davie, Duplin, Edgecombe, Forsythe, Greene, Guildford, Halifax, Jones, Lenoir, Martin, Montgomery, New Hanover, Northampton, Person, Pitt, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Stanly, Stokes, Warren, Wayne, Wilson.

The fourth District includes twenty-six counties, from 100 to 150 miles from Raleigh: Alexander, Beaufort, Bertie, Brunswick, Carteret, Catawba, Chowan, Columbus, Craven, Gaston, Gates, Hertford, Hyde, Iredell, Lincoln, Mecklenburgh, Onslow, Pasquotank, Perquimans, Piatt, Surrey, Tyrrell, Union, Washington, Wilkes, Yadkin.

The fifth District includes the eighteen counties which are 150 to 250 miles from Raleigh: Ashe, Buncombe, Burke, Caldwell, Camden, Cherokee, Cleveland, Currituck, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Polk, Rutherford, Wetauga, Yancey.

In the first District, Wake county, the sum of annual populations for the five years was 112,129, an annual average of 22,426. These sent 23 patients to the asylum, or 4.6 in each year, which is equal to one in 4,875 of the people yearly.

In the second District, 469,606, the total of annual populations or average of 93,923, sent 73 patients to the

asylum in the five years, averaging 14.6, or one in 6,433 of the whole population in each year.

The sum of annual numbers of the people in the third District was 1,708,271, or an average of 341,654 in each year. From among these 176 lunatics were sent to the asylum, which was 35.2, or one in 9,707 of the living in each year.

In the fourth District the total of annual populations was 999,407, averaging 199,881 yearly; 91 lunatics in the five years gave a yearly average of 18.1, or one in 10,982.

In the fifth District the sum of the annual populations was 549,350, or an average of 109,870, who sent 12 patients, or an average of 2.4, which was one in 45,779 in each year.

MISSISSIPPI.

The State Insane Asylum was opened at Jackson, Hinds county, in 1855. The records of the residences of patients for only one year, 1858, are at command.

Hinds county constitutes the first District.

The second District includes the ten counties within 50 miles of the Asylum: Claiborne, Copiah, Leake, Madison, Rankin, Scott, Simpson, Smith, Warren, Yazoo.

The third District includes the thirteen counties 50 to 75 miles of Jackson: Attala, Covington, Franklin, Holmes, Issaqueena, Jasper, Jefferson, Jones, Lawrence, Neshoba, Newton, Washington, Winston.

The fourth District comprises the twenty counties 75 to 125 miles distant: Adams, Amite, Boliver, Carroll, Chickasaw, Choctaw, Clark, Greene, Kemper, Launderdale, Marion, Noxubee, Oktibbeha, Perry, Pike, Sunflower, Tallahatchie, Wayne, Wilkinson, Yallabusha.

The fifth District includes, the rest of the State, sixteen counties, 125 to 225 miles distant: Calhoun, Coahoma, De Soto, Hancock, Harrison, Itawamba, Jackson, Lafayette, Lowndes, Marshall, Monroe, Panola, Pontotoc, Tippah, Tishamingo, Tunica.

The first District had 30,036 inhabitants in the year recorded, and sent 2 patients, or one in 15,018.*

The second District had 133,500 people, who sent 19 patients, or one in 7,026.

The third District had 125,018 population, who sent 9 patients to the asylum, or one in 13,890.

The fourth District had 226,123 inhabitants, from whom 14 lunatics went, or one in 16,151.

The fifth District had 276,599, who sent 13 patients, or one in 21,276.

LOUISIANA.

The State Asylum was opened in 1848, in Jackson, Parish of East Feliciana. The record of ten years—November, 1848, to 1858—is available for this report.

East Feliciana constitutes the first District.

The second District embraces nine contiguous parishes or counties within 50 miles of the hospital: Ascension, Avoyelles, East Baton Rouge, Iberville, Livingston, Point Coupeé, St. Helena, West Baton Rouge, West Feliciana.

The third District includes fifteen counties, 50 to 100 miles distant: Assumption, Catahoola, Concordia, Jefferson, Lafayette, Madison, Orleans, St. Charles, St. James, St. John Baptist, St. Landry's, St. Martin's, St. Mary's, St. Tammany, Tensas.

* This is the record of a single year only, and is not an exact indication of the permanent habits of the people.

The fourth District includes fifteen counties, 100 to 150 miles distant: Calcasien, Caldwell, Carroll, Franklin, Jackson, Lafourche, Morehouse, Nachitoches, Plaquemines, Rapides, St. Bernard, Terre Bonne, Vermillion, Washite, Winn.

The fifth District embraces seven counties, 150 to 200 miles from Jackson: Bienville, Bossier, Caddo, Claiborne, De Soto, Sabine, Union.

In the first District the average annual populations was 13,971, who sent 21 patients, or 2.1 per year, or one in 6,653.

The second District had an average annual population of 89,889, who sent 59 lunatics to the asylum, or 5.9 in one year, which was one in 15,235 of the people.

The third District had 164,788 inhabitants, from whom 99 patients went to the asylum. This gave 9.9, or one in 16,645 in each year.

In the fourth District the average annual population was 124,115, from whom 58 patients were sent in the ten years to the asylum; this was 5.8, or one in 21,399 in each year.

In the fifth District the average number of the people was 59,060, who sent 19 patients, or 1.9 yearly to the asylum. This was one in 25,822.*

TENNESSEE.

The Hospital for the Insane was opened at Nashville, Davidson county, and the people of every county invited to send their patients on equal terms. The records

* Note.—In the reports, a very large and undue proportion of patients are stated to have been sent from the parishes of Orleans and Caddo. These are so large as to create a doubt whether some others besides those, belonging to other places, are not included. These are, therefore, omitted in this classification and statement.

of the residence of the patients from 1852 to 1859 are printed in the reports. The State is divided for the purpose of this report into five districts.

The first District is Davidson county.

The second District includes the six contiguous counties, which are within 35 miles of Nashville: Cheatham, Robertson, Rutherford, Sumner, Williamson, Wilson.

The third District includes nineteen counties, which are from 35 to 70 miles distant: Bedford, Cannon, Coffee, De Kalb, Dickson, Hickman, Humphreys, Jackson, Lewis, Macon, Marshall, Maury, Montgomery, Perry, Putnam, Smith, Stewart, Warren, White.

The fourth District includes thirty-nine counties, 70 to 150 miles from Nashville: Anderson, Benton, Bledsoe, Bradley, Campbell, Carroll, Cumberland, Decatur, Dyer, Fentress, Franklin, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Lawrence, Lincoln, McMinn, McNairy, Madison, Marion, Meigs, Monroe, Morgan, Obion, Overton, Polk, Rhea, Roane, Scott, Sequatchie, Van Buren, Wayne, Weakley.

The fifth District comprises nineteen counties, from 150 to 300 miles distant from the hospital: Blount, Carter, Claiborne, Cocke, Fayette, Grainger, Green, Hancock, Hawkins, Jefferson, Johnson, Knox, Lauderdale, Sevier, Sullivan, Tipton, Union, Washington.

In the seven and one-half recorded and published years, the first District had a total sum of annual populations 325,640, who sent 83 patients. The annual averages were 43,418 people and 11 patients, or one in 3,923 of the living.

In the second District the total of the populations for the seven and one-half years was 931,655, who sent

112 lunatics to the hospital. The annual averages were 124,220 people and 14.9 patients, or one in 8,318 of the living, at home.

In the third District the populations were 1,724,574, and the patients 131 during the recorded years. These averaged yearly 229,943 inhabitants and 17.4 lunatics sent to the hospital, or one in 13,164 people.

In the fourth District the sum of the enumerated and calculated populations was 3,147,817, from whom 154 patients went to the hospital. The annual averages of these were 419,708 people and 20.5 lunatics, or one from every 20,440 inhabitants of the district.

In the fifth District the sum of the annual populations through seven and one-half recorded years was 1,582,606, from whom 100 patients went to the hospital. The yearly averages of these were 211,014 people and 13.3 lunatics, or one in 15,826* of the living.

KENTUCKY.

In Kentucky, the asylum at Lexington, Fayette county, was the only institution for the insane in the State, and offered its advantages to the people of every county from 1824 to 1855, when the Western Asylum was opened, and took patients from the western counties until it was burned down in 1860. From that time the Lexington Asylum has received patients from all parts of the commonwealth.

These calculations are based on the experience of the Lexington Asylum from 1824 to 1855, inclusive, except

* Knox county is reported to have sent about three times as many patients as other counties in the same neighborhood in proportion to its population. There may have been an error in the record.

the years 1844, '45, '46 and '47, of which the record has not been obtained.

Fayette county is the first District.

The second District includes the six contiguous counties, within 30 miles of Lexington: Bourbon, Clark, Jessamine, Madison, Scott, Woodford.

The third District includes forty-three counties, 30 to 75 miles from Lexington: Anderson, Bath, Boone, Boyle, Bracken, Bullitt, Campbell, Carroll, Casey, Estill, Fleming, Franklin, Gallatin, Garrard, Grant, Greene, Harrison, Henry, Jackson, Kenton, Lewis, Lincoln, Marion, Mason, Mercer, Montgomery, Morgan, Nelson, Nicholas, Oldham, Owen, Owsley, Pendleton, Powell, Rock Castle, Rowan, Shelby, Spencer, Taylor, Trimble, Washington, Wolfe.

The fourth District includes thirty-nine counties, 75 to 130 miles from the asylum: Adair, Allen, Barren, Boyd, Breathitt, Breckenridge, Butler, Carter, Clay, Clinton, Cumberland, Daviess, Edmondson, Floyd, Grayson, Greenup, Hancock, Hardin, Harlan, Hart, Johnson, Knox, La Rue, Laurel, Lawrence, Letcher, Logan, Meade, Metcalf, Monroe, Ohio, Perry, Pike, Pulaski, Russell, Simpson, Warren, Wayne, Whitley.

The fifth District comprises the twenty-one counties which are from 130 to 300 miles from Lexington: Ballard, Caldwell, Callaway, Christian, Crittenden, Fulton, Graves, Henderson, Hickman, Hopkins, Livingston, Lyon, MacCracken, MacLean, Magoffin, Marshall, Muhlenburgh, Todd, Trigg, Union, Webster.

In the first District the sum of populations was 574,655, averaging 21,283. These sent 180 patients, or an annual average of 6.6, or one in 3,198 of the people.

In the second District the sum of annual populations was 2,134,144, or an average of 79,042, who sent 200 patients, equal to 7.4, or one in 10,670 of the people yearly.

In the third District the sum of annual numbers of the people was 7,908,111, or 292,892 in each year. These sent 610 patients, equal to 22.5, or one in 12,964 of the people yearly.

In the fourth District the sum of populations was 6,250,198, or 231,488 in each year. From these 259 patients went to the asylum, which was equal to 9.5, or one in 24,132 of the annual number living.

In the fifth District the total population of the twenty-eight years amounted to 3,058,111, or 113,263 yearly. From among these 110 lunatics were sent to the asylum, which was an annual average of nearly 4, or one in 27,801 people.

MISSOURI.

In Missouri the Asylum at Fulton, Callaway county, was opened in 1851. It was suspended during the years 1861, 1862 and 1863, and again reöpened. The record of the residence of the patients received during these eleven years is printed, and forms the basis of the calculations.

The first District consists of Callaway county.

The second District includes the six contiguous counties, within 50 miles: Audrain, Boone, Cole, Gasconade, Montgomery, Osage.

The third District includes twenty-one counties, from 50 to 75 miles from Fulton: Cooper, Crawford, Franklin, Howard, Lincoln, Macon, Maries, Marion, Miller, Moniteau, Morgan, Pettis, Phelps, Pike, Pulaski, Ralls, Randolph, Saline, Shelby, St. Charles, Warren.

The fourth District includes twenty-six counties, from 75 to 125 miles from Fulton: Adair, Benton, Camden, Carroll, Chariton, Clark, Dallas, Dent, Henry, Hickory, Iron, Jefferson, Johnson, Knox, Laclede, Lafayette, Lewis, Linn, Livingston, Monroe, St. Francis, Ste. Genevieve, Scotland, Texas, Washington, Wright.

The fifth District includes fifty-eight counties, from 125 to 225 miles distant from the asylum: Andrew, Atchison, Barry, Barton, Bates, Bollinger, Buchanan, Butler, Caldwell, Cape Girardeau, Carter, Cass, Cedar, Christian, Clay, Clinton, Dade, Daviess, De Kalb, Douglas, Dunklin, Gentry, Greene, Grundy, Harrison, Holt, Howell, Jackson, Jasper, Lawrence, McDonald, Madison, Mercer, Mississippi, New Madrid, Newton, Nodaway, Oregon, Ozark, Pemiscot, Perry, Platte, Polk, Putnam, Ray, Reynolds, Ripley, St. Clair, Schuyler, Scott, Shannon, Stoddard, Stone, Sullivan, Taney, Vernon, Wayne, Webster.

In the first District the sum of the populations through eleven years was 147,751, who sent 25 patients. The annual average was, of population 13,432, and of patients 2.3, or one in 5,910 people.

In the second District the total sum of populations was 590,009. These sent 47 patients. The annual averages were, of population 53,637, and of patients 4.3, or one in 12,553 of the people.

In the third District the sum of the annual populations was 2,168,390, who sent 155 patients to the asylum. The averages of each year were, of population 197,126, and of patients 14.1, or one in 13,989 of the living at home.

In the fourth District the sum of the populations of all the eleven years was 1,934,221, from whom 121

patients went to the asylum. The averages of the several years were, of population 175,838, and of patients 11, or one in 15,983.

In the fifth District the sum of population of the several years was 3,905,390. From these 147 patients were sent to the hospital. The annual averages were, of population 355,035, and of patients 13.2, or one in 26,933 of the people.

CANADA WEST.

The Provincial Hospital of Canada West is in Toronto, York county. It was opened in 1853, and the record of the residences of the patients stated in the reports from that time to 1865, twelve years. The hospital has been offered equally to all the people of the Province.

The county of York constitutes the first District.

The second District includes three contiguous counties: Halton, Ontario, Peel.

The third District includes eleven counties, within 35 to 70 miles: Brant, Durham, Haldimand, Lincoln Simcoe, Victoria, Waterloo, Welland, Wellington, Wentworth, Hamilton City.

The fourth District includes fifteen counties, 70 to 150 miles from Toronto: Addington, Bruce, Elgin, Grey, Hastings, Huron, Lenox, London City, Middlesex, Norfolk, Northumberland, Oxford, Perth, Peterboro, Prince Edward.

The fifth District includes eighteen counties, 150 to 300 miles distant: Algona District, Ottawa City, Carleton, Dundas, Essex, Frontenac, Kingston, Glengary, Grenville, Kent, Lambton, Lanark, Leeds, Nipissing, Prescott, Renfrew, Russell, Stormont.

In the first District the sum of the annual populations for the twelve years under observation was 1,251,201, or an average of 104,266. They sent 393 patients, or 32.7, which was one in 3,183 people in each year.

In the second District the sum of people through the whole period was 1,105,797, an annual average of 92,149. From these 153 patients went to the hospital, equal to 12.7, or one in 7,227 of the people yearly.

In the third District the sum of populations was 4,181,592, an average of 348,466. The whole number of their patients in the hospital was 540, averaging 45, or one in 7,743 of the people yearly.

In the fourth District the sum of annual populations was 5,598,521, being an average of 466,543. Their patients in the hospital were 444 during the whole period, equal to 37, or one in 12,608 yearly.

In the fifth District the whole sum of populations was 4,331,015, an average of 360,917 yearly. They sent 297 patients in the whole period, or 24.7, equal to one in 14,582 people yearly.

NOVA SCOTIA.

The Provincial Hospital was opened in 1858, for the equal use of all the people of the Province. The records of seven years have been printed, showing the residence of the patients who were received from 1858 to 1864, inclusive.

The population of 1860 only has been obtained. No calculation is therefore made of that of the other years, but as this was near the middle of the period it will be, at least, near the truth, to assume this as the average of each of the years of the hospital operations that are known.

The Province is, for the purposes of this report, divided into four Districts.

Halifax county is the first District.

The second District includes four contiguous counties, within 65 miles of the hospital: Colchester, Hants, Lunenburgh, Pictou.

The third District includes six counties, from 65 to 100 miles from the hospital: Annapolis, Cumberland, Guysborough, Kings, Queens, Sidney.

The fourth District includes seven counties, from 100 to 175 miles from Halifax: Cape Breton, Digby, Inverness, Richmond, Shelburne, Victoria, Yarmouth.

In the first District the population was 49,021 in 1860. 105 patients went to the hospital in the seven years, or a yearly average of 15, equal to one in 3,268 of the people.

In the second District there were, in 1860, 85,922 people, who sent 84 patients in the seven years, an annual average of 12, or one in 7,160 persons living.

In the third District the population was 91,966 in 1860, who sent 52 patients to the hospital, an average of 7.4, or one in 12,427 people in each year.

In the fourth District the number of the people in 1860 was 103,948, and their patients in the hospital were 34 during the seven years. This is equal to an annual average of 4.85, or one in 21,432 of the people.

Population to One Patient Annually Sent to Lunatic Hospitals.

STATE.	Number of Years.	DISTRICTS.				
		I.	II.	III.	IV.	V.
Maine,	1840–65	2,835	5,171	5,630	7,890	....
New Hampshire,	1842–65	2,440	3,470	6,280	....	....
Massachusetts,	1833–53	2,229	3,872	4,953	....	....
Rhode Island,	1849–65	3,094	5,279	....	....	....
New York,	1843–65	2,772	5,820	7,351	11,535	....
New Jersey,	1848–66	2,253	3,714	5,905	....	....
Pennsylvania,	1850–57	6,061	10,793	17,686	23,748	....
East Pennsylvania,	1857–66	5,884	10,497	17,414	53,629	....
West Pennsylvania,	1857–66	3,650	10,585	22,382	....	....
Maryland,	1850–64	7,034	10,122	23,009	....	....
Virginia,	1828–59	5,472	12,314	21,579	24,423	25,105
North Carolina,	1856–60	4,875	6,433	9,707	10,982	45,779
Mississippi,	1858	*15,018	7,026	13,890	16,151	21,276
Louisiana,	1848–58	6,653	15,235	16,645	21,399	25,822
Tennessee,	1852–59	3,923	8,348	13,164	20,440	*15,826
Kentucky,	†1824–55	3,198	10,670	12,964	24,132	27,801
Ohio,	1838–66	5,060	7,304	11,712	28,873	....
Illinois,	1847–64	3,306	7,865	9,317	11,753	15,585
Michigan,	1859–65	3,162	8,229	11,089	14,268	58,039
Missouri,	‡1851–64	5,910	12,553	13,989	15,983	26,933
Canada,	1853–66	3,184	7,227	7,744	12,608	14,582
Nova Scotia,	1858–64	467	1,023	1,768	3,057	....

* There is apparently something unexplained in the record of one county in each of these Districts.

† Excluding 1844, '45, '46 and '47. ‡ Excluding 1861, '62 and '63.

In all these States the privileges of the hospitals are offered equally to the people of the counties. The patients of Oneida and Allegany counties in New York, of Mercer and Warren counties in New Jersey, of Dauphin and Venango counties in Pennsylvania, can enter on the same terms, enjoy the same advantages, and for the same price. The only difference is the burden of cost, care and labor of travel from their homes to the place of healing. And yet the actual use of the hospitals by, and the practical value of these institutions to the people of the remote districts have been only one-fourth as great in New York, about one-third as great in New Jersey, and less than one-third as great in Pennsylvania as they have been in the districts near to them.

Similar discrepancies in favor of the central counties and against the distant counties are seen to have existed in all the other States whose record has been obtained.

EFFECT OF MULTIPLYING HOSPITALS IN STATES.

This principle has been remarkably manifested whenever and wherever a second hospital has been opened in any State and placed in a district remote from the one previously in operation. The people who sent a few patients to the distant institution, now sent many to the hospital which was brought to their neighborhood. The number of lunatics that found a place of healing was suddenly and permanently increased.

In MASSACHUSETTS, the Hospital at Worcester was the only State institution for the insane in the commonwealth from 1833 to 1854, when the second hospital was opened in Taunton, Bristol county, for the southeastern part of the State. The Worcester establishment continued to receive all the patients from the northern, central and western counties until 1858, when the third hospital was opened in Northampton, Hampshire county, for the western district. In both of these districts there was a sudden and large increase of the insane, whose friends sought and used these new places of healing for them.

During the eight years, 1845 to 1853, previous to the opening of the Taunton Hospital, the people of Bristol county had sent 151 patients to Worcester, which was an annual average of one patient in 4,434 inhabitants.

During the eight years after the hospital was opened within their borders they sent 324 patients to it, which was an annual average of one patient in 2,194 people.

In the former period the people of Plymouth county sent one in 3,719 of their number, and in the latter period one in 2,774.

Barnstable, Dukes and Nantucket counties sent, in the former period, one in 4,118, and in the latter, one in 3,573 to the hospitals.

Population for One Patient sent Annually to the State Hospitals.

COUNTY.	1845 to 1853.			1854 to 1862			Rate of Increase.
	Patients.	Sum of Populations.	People to 1 Patient.	Patients.	Sum of People tions.	People to 1 Patient.	
Bristol,....	151	668,581	4,424	324	810,903	2,194	102.1
Plymouth,...	132	493,215	3,719	204	565,981	2,774	34.
Barnstable, Nantucket, Dukes,....	104	429,319	4,118	118	421,662	3,573	15.2
Five Counties	387	1,592,115	4,111	646	1,798,546	2,784	42.9

During the four years—1854 to 1858—the people of Hampshire county sent 37 patients to the Worcester Hospital, which was an annual average of one in 4,008 inhabitants. In the four years after the opening of the third hospital in their midst, the same people sent 85 people, or one in 1,787 of their number to its care.

Franklin county sent in the former period 19 patients, or one in 6,574 people to Worcester, and in the latter period 52, or one in 2,419 people to Northampton.

Berkshire county is geographically fifty miles nearer to Northampton than to Worcester. But a range of mountains lies between, and the roads are difficult for travellers, who can use only private conveyances, except the Western Railroad to Springfield, and the Connecticut River Railroad from Springfield to Northampton. This practically reduces the difference of distance between the two hospitals to thirty miles. And many when once in the cars on the Western Road, find it

easier to continue fifty-four miles further to Worcester than to change cars and go twenty miles to Northampton with their patients. Therefore the increase is less in Berkshire county than in the others. Nevertheless, there was an increase.

Before 1858 the Berkshire people sent 33 patients, or one in 6,937 people yearly to Worcester, and after that they sent to Worcester and Northampton 47 patients, or an average in each year of one in 4,715 people.

To the towns in the eastern part of Hampden county Worcester is nearer and more accessible than Northampton. Most of the people must necessarily use the Western Railroad, whether going to Worcester or Northampton, and all must change cars at Springfield if they go to Northampton, but not if they go to Worcester.

The people of Hampden county sent in the former period one in 2,185 of the living to Worcester, and in the latter, one in 1,988 in each year.

Population to One Patient sent to Hospital before and after Northampton Hospital was opened, Western District.

COUNTY.	1855 to 1858, four years.			1859 to 1862, four years.			Increase.
	Patients sent.	Sum of annual Populations.	People to 1 Patient.	Patients sent.	Sum of annual Populations.	People to 1 Patient.	Per ct. Patients sent
Berkshire,	33	212,887	6,437	47	221,640	4,715	38.6
Franklin,	19	124,916	6,574	52	125,830	2,419	171.2
Hampshire,	37	148,294	4,008	85	151,897	1,787	124.3
Hampden,	101	220,680	2,185	116	230,784	1,988	9.9
Four Counties,	190	706,327	3,717	300	730,151	2,433	52.7

The people of Hampshire county nearly trebled the number and proportion of their patients in the hospital; the people of Franklin and Bristol more than doubled them, and the other counties also increased them very greatly, and thus so many more of their lunatics found

places of healing and protection when the hospital was brought to their neighborhood and within their reach.

In Ohio the State Hospital at Columbus received patients from all the counties from 1838 to 1858, when the Northern Asylum at Newburgh, Cuyahoga county, and the Southern Asylum at Dayton, Montgomery county, went into operation and received patients from certain surrounding districts, which were defined by the law.

The northern districts had sent to Columbus 403 patients, an annual average of one patient in 13,201 of the population during the twelve years previous to the opening of the hospital in their midst at Newburgh.

During the next three years and eight months after the new hospital was opened, the same people sent to its care 549 patients, an annual average of one patient in every 3,138 of their number living during these years.

In the first period of twelve years, 1838 to 1850, the people of the Southwestern District had sent to the asylum at Columbus 373 patients, which is an annual average of one in 13,126 people. During the nine years and two months next after the new asylum was opened in their own neighborhood, at Dayton, they sent 1,079 patients to its care, which is an annual average of one in 4,688 people living in each of these years.

Population to One Patient sent.

District.	To Columbus.	Home Hospital.	Increase Per Cent. of Patients.
Northern,.....	13,201	3,138	420
Southern,.....	13,198	4,304	305

In Kentucky, from the opening of the Lunatic Hospital at Lexington in 1824, to the end of 1855, it was the only institution for the insane in the State. In 1855,

the second hospital was opened at Hopkinsville for the patients in the western part of the State.

The published records do not furnish means of determining the number of patients sent to the Western Hospital from each county through each of the years from 1855 to 1860, when it was burned; but, comparing the reports of this institution with the Eastern, it is found that the twenty-six most westerly counties, within 80 miles of Hopkinsville, sent through the twenty-eight years, 1824 to 1855, (excepting 1844 to 1847, of which no records are to be found,) 203 patients, which is an annual average of 7.2, or one in 15,015 people. During the three years after the new hospital was opened in their midst, they sent 117 patients, which was 39, or one in 6,271 of the people in each year.

During the twenty-eight years, the whole State sent 1,543 patients, or one in 12,913 people annually to their single central hospital. During the four years next following the opening of the Western Hospital, the whole State sent 513 patients to their two hospitals, or one annually in 8,017 of the population.

EFFECT OF RAILROADS AND OTHER FACILITIES OF TRAVEL.

Facilities of travel, navigable rivers, canals, railroads, public highways, public conveyances, which render communication easy and cheap, and intercourse familiar, and virtually diminish distance from the hospital, increase the ratio of patients that are sent to it. We therefore find that those counties which are situated along the course of rivers, canals, roads, etc., leading directly to the situation of the hospitals, have sent more patients to these institutions than other counties of equal population

and at equal distances, but not favored with these facilities of communication.

Ten counties in New York along the line of the railroad, canal, etc., east and west of Utica, with easy means of travel, having a sum of annual populations equal to 15,622,250, sent 2,151 patients to Utica; while, during the same period, ten other counties, northeast and southwest from Utica, with no easy means of communication, with a sum of 7,840,684 annual populations, sent 647 patients, or one in 11,934 of their number to the State Hospital.

Taking all these facts into view, we have here indisputable proof of the effect of distance in diminishing the practical benefits of lunatic hospitals to the people of any district. In all these States these hospitals are as open and their advantages as freely granted to the patients from the most remote towns as to those in their very neighborhood. It is not hinted, or even suspected, that the lunatics whose friends reside afar off are not as kindly, as faithfully, and as successfully treated, and at as small a cost as those whose friends are so near as to keep a watchful vigilance over their welfare.

A HOSPITAL IS BETTER KNOWN TO THE NEIGHBORING PEOPLE.

The idea of the hospital purposes and its management is familiar to those who live in its vicinity. They know its means, its objects, and its administration; they know the character of its officers and its attendants.

They are frequently witnessing its operations and results in the many who are going to and returning from it, in improved or restored mental health. Whenever they think of the possibility of their becoming insane, the idea of the hospital presents itself to their minds, in

the same connection, almost as readily as the idea of their own chambers, their own physician, and the tender nursing of their own family is associated with the thought of having a fever or dysentery. And, when any one of their family or friends becomes deranged, the hospital occurs to them as a means of relief, and they look upon it as a resting place from their troubles.

But this ready association of the hospital with lunacy, and this generous confidence in its management diminishes as we recede from it. The people in the remoter places know the general facts, but distance lends an obscurity to the notion, and thus the character of the hospital and its administration do not stand before them, as the thought of home and domestic arrangements, of which they can cheerfully and trustfully avail themselves in any emergency. To them the hospital seems a strange place—perhaps a place of unkind restraint or even of needless confinement, rather than a home of tenderness. Its officers are to them strangers rather than friends; and its attendants, though good and honest men, are not as household comforters and nurses, or even as neighbors, whose ready and affectionate sympathy is sure, and on whom they are accustomed to call in time of trouble, and to whom they unhesitatingly commit the care of their disordered and distressed relatives or children.

Then the unwillingness to be far separated from their suffering or weakened friends operates with many. This is indeed a mere feeling or sentiment; but it is converted into practical facts, and retains some at home who would otherwise be sent to and cured in a hospital if it were nearer to them. The State Lunatic Hospital, when it is used, is no better to the people of Oneida than to those of Chautauqua, Cattaraugus and Clinton; but so long as

a portion of the people of the remote counties do not feel so, their insane friends are not sent there.

The difficulties and expense of sending lunatics over long distances, or unfrequented and indirect roads, or by private conveyances, are perhaps the most effectual obstacles in the way, and more than any other diminish the number of patients, with the increase of miles, that separate them from the hospital.

For these reasons the towns in the neighborhood of the public hospital in this State have enjoyed more than four times as much of its benefits as the remote towns; and all the other hospitals mentioned in this article have been compelled to confer their blessings in a similar, and some of them in a much greater disproportion upon the people of the neighboring than upon those of the distant districts of the States to which they respectively belong.

We think we have here presented facts enough to establish it as a general principle, that the advantages of any public lunatic hospital, however freely and equally they may be offered to all the people of any State, are yet, to a certain degree, local in their operation, and are enjoyed by people and communities to an extent in proportion to their nearness to or distance from it.

Whenever and wherever the same causes exist, the same effects must be produced, and any hospital that may be hereafter established must be subject to the same law.

This law of nearness, inviting and increasing the patients, and of distance, preventing them and diminishing the number in hospital, is our very nature, and must operate in the future as well as the past. The people

will be influenced by the same motives in time to come as they have been in the years that have gone by.

There are then two policies in regard to providing for the insane presented to the people of New York for their adoption. One is to continue the present plan of having all the patients sent to a central establishment from all the State; the other proposes to create small local asylums in the west, northeast and southeast, in the midst of the people who wish to use them for their insane.

The unequal and unjust operation of the former plan has been demonstrated in this report, and is manifestly a necessary and natural law which will operate in all places and all times, in similar circumstances. The other plan will give to all parts of the State the privileges which have been hitherto withheld from them, but which have been enjoyed by the central counties, of easy and frequent access to the means of healing their insane, and of a larger proportion of them thus restored to health.

Whatever is now done, whether it be the building of the new and great central establishment for the incurable, or the creation of the smaller local institutions, it will be the plan for twenty years, or more, to come; for another institution with that already now in operation, will seem to meet all the wants of the State, and to accommodate all who seem to need it, or all who are within accessible distance, for the next, as the Utica Asylum has for the last twenty years.

Yet the same inequality will remain. The many will be sent from the neighboring counties, and all the recent cases in Oneida county, and all the old cases in the county of the incurable and chronic asylum, and nearly

all of those in contiguous counties will be thus provided for; while a few, varying from one-quarter to one-half as large a proportion will be sent from the remote and remotest districts, and the remainder, the majority of those attacked and of those needing the healing and soothing and protecting influence of the asylum, will be left at home, without means of restoration or proper guardianship.

On the other hand, if the other policy is adopted, and asylums are established in the west, northeast and southeast districts, in the midst of and accessible to the patients, those districts will send as large a proportion of their insane to be healed and to be cared for as are now and have been sent from Oneida and the neighboring counties to Utica.

It is then for the Legislature to decide, and especially for the representatives of the counties 100 miles and more from Utica, whether this unequal provision shall be continued; whether the bounties of the State shall be so liberally given to the central portion and so sparingly allowed to the remote parts of the State.

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5. *Forty-Seventh Annual Report of the Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital*, Jan. 1, 1865.
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7. *Bloomingdale Asylum, yearly Report for* 1864, *to the Board of Governors of the New York Hospital.*
8. *Tenth Annual Report of the Trustees of the State Lunatic Hospital at Northampton*, October, 1865.
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11. *Reports of the Board of Visitors, Trustees, Treasurer, and Superintendent of the New Hampshire Asylum for the Insane*, June Session, 1865.

12. *Fifth Annual Report of the Superintendent and Chaplain of the Asylum for Insane Convicts for the State of New York.* Transmitted to the Legislature January 31, 1865.

13. *Twenty-Second Annual Report of the Managers of the New York State Lunatic Asylum, for the year* 1864. Transmitted to the Legislature February 4, 1865.

14. *Twenty-Sixth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio:* For the year 1864.

15. *Report of the Proprietors of the Insane Asylum*, East Portland, Oregon, December 1, 1865.

1. The Report of the Tennessee Hospital covers the period from August 1, 1862, to April 1, 1865. At the former date there were 204 patients in the institution. There have been admitted since 134, making a total of 338, who have been under treatment. Of the 168 discharged, 77 had recovered, 36 were improved, 13 were unimproved, 37 died, 4 eloped, and 1 was sent to the Pest House.

Situated on the great military thoroughfare from Nashville to Chattanooga, this institution did not escape the evils of civil strife and military license. Dr. Jones thus alludes to some of the embarrassments attending his administration since his appointment in July, 1862:

> Very soon after I was commissioned a Superintendent, two divisions of the Federal Army encamped upon the farm, and in despite of orders, within a few days burnt our supply of wood and about five miles of excellent cedar fence; thus leaving us, late in the fall, without fuel and the farm almost fenceless. * * * In regard to fuel we were frequently in want, and on the verge of suffering, but fortunately never suffered. Occasionally you might have seen, before daylight, the Superintendent, the farm hands and a few patients, in the woods felling trees and hauling fuel to warm the house, that others might be comfortable. The work had to be done, and we did it, early and cheerfully. Sometimes, owing to military orders, ob-

streperous Provost Marahals, or other causes, we retired at night not knowing where subsistence for the next day should come from; but each succeeding day brought with it, in the Providence of God, bread enough and to spare. * * * Much of the time I have been without an Assistant Physician, and for a time without a Steward, thus having triple duties to perform. The times, too, have been unpropitious to order and subordination. All men, under the influence of the once popular contagion of the country, have become more and more rebellious. Employés and servants, dissatisfied, have been seeking change, and to retain them or provide others, we have had of necessity to increase wages; this, therefore, has become one feature of increased expenses.

Of the 60 cases attributed to "war excitement" in the table of causation, Dr. Jones observes:

Though I have presented sixty cases of derangement, apparently superinduced by causes incident to the war, such as exposure to camp-life, destitution of political refugees, nostalgia, etc., yet I very much question whether, in the majority of cases, these have not taken the place of other exciting causes; and whether indeed, the proportion of cases is greater than would have been developed, in an equal number of persons engaged in the ordinary pursuits of life. In other words, and notwithstanding the destitution and devastation of armies, the aggregate population of citizens and soldiers has probably not furnished during the war a larger number of insane than would have occurred independent of the war and in times of peace.

2. Dr. Kirkbride's Report offers some excellent reflections on the organization and supervision of hospitals for the insane. This subject, he says, "is now well understood, and few new hospitals are now established without conforming more or less closely to the 'propositions' adopted some years since by the Association of Medical Superintendents of American Institutions for the Insane." He adds, and this is the gist of the matter:

No matter what else may be done, it will be found that placing the right persons in these official places, and giving them a proper support in the performance of their duties, will be essential to the success and usefulness of such hospitals.

The suggestion that formal legal proceedings should be instituted in all cases before the admission of a patient into an asylum, finds no favor with Dr. Kirkbride, but, on the contrary, the following reasons against such a procedure:

> The objection, then, to these formal proceedings in the ninety-nine out of a hundred cases in which there could hardly be a question, would be that many families would not submit to such an exposure, that many others could not afford the expense, which would absorb the means that directly applied might have restored the patient, and above all, that the time for successful treatment would often have passed before his friends were willing to take the necessary steps for his admission.

Dr. Kirkbride reports 468 patients under treatment during the year: 183 discharged. Of the latter 84 had recovered; 58 had improved; 30 were unimproved, and 17 died. Remaining, 279.

3. Dr. Butler's Report presents the following statement of the operations of the Hartford Retreat for the year ending March 31, 1865: Number at the beginning of the year, 231; admitted since, 155. Total treated, 386. Discharged: recovered, 57; improved, 45; unimproved 19; died, 27. Remaining, 238.

4. We have received the first Report of the New Brighton Retreat. This is a corporate institution in Pennsylvania, situated in the borough from which it takes its name, and designed for the treatment of chronic insanity in women of "the independent class." Thus far its operations have been limited to 14 admissions and 6 removals. Of the latter, 2 had recovered, 1 had improved, and 3 were unimproved. Dr. Kendricks is the Medical Superintendent.

5. Dr. Tyler devotes considerable space to a popular

and intelligible exposition of the rationale of the treatment of insanity in the Hospital. This is his conclusion:

> To do this service for one's own relative in his own home, is clearly an impossibility, and to do it otherwheres is practically almost the same. For a stranger, however skilled and resolute and kind he may be, to undertake it in a patient's own home and amongst his own friends to whom he can always appeal, though he may be welcomed by him at first, will end in failure, and his being considered an usurper. For a stranger to render this service away from the patient's home, and from all that can revive his morbid exercises, and under the best possible conditions of surroundings and adjuvants, is "hospital treatment."

From the statistical tables we learn that 302 patients were treated at the McLean Asylum during the year ending January 1, 1865. Of these, 101 were received in the course of the year. The discharges for the same period numbered 107, of which 42 had recovered, 35 were improved, 3 were unimproved, and 27 died.

6. From Dr. Butler's Report we gather the following data respecting the Insane Department of the Philadelphia Alms-house. Number of patients in hospital January 1, 1864, 534. Admitted during the year, 364. Whole number under treatment, 898. Daily average, 555. Discharged recovered, 132; improved, 79; unimproved, 30; died, 95: whole number discharged, 336. Remaining December 31, 1864, 562.

The mortality of the year was much increased by the catastrophe of the 20th July; a full account of which is given in the last volume of the JOURNAL.

7. Dr. Brown, of Bloomingdale Asylum, submits the annexed statement of the operations of this venerable institution for 1864: Number of patients under treatment January 1, 141; admitted subsequently, 140;

total during the year, 281. Discharged recovered, 52; improved, 30; unimproved, 12; died, 17; total discharged, 111. Remaining December 31, 1864, 170.

8. Dr. Pliny Earle refers to his success with the hypodermic exhibition of morphine in insanity:

> In the course of the past year, the hypodermic method of administering morphine has been used in several cases, with eminently beneficial effect. As that medicine, when thus administered, is not followed by the unpleasant consequences—sickness and headache—which so frequently succeed its hypnotic effects when given by the mouth; and as many patients needing it refuse to swallow *any* medicine, the hypodermic method becomes a resource of very great value in hospitals.

Although the method by subcutaneous injection possesses the merits ascribed to it by Dr. Earle, it should be borne in mind that it is sometimes followed by unpleasant consequences, and that great caution should attend its use, lest the solution be directed into a subcutaneous vein instead of into the cellular tissue, an accident which lately happened to Professor Nausbaum, of Munich, and which was followed by the most dangerous symptoms. Professor N., in describing his own case, says he has seen similar effects in a smaller degree in two of his patients; and in view of the almost utter impossibility of at all times avoiding veins, he recommends that the injection should be made very slowly, and the syringe stopped and its motion reversed on the first sign of danger.

The general numerical results of the Northampton Hospital for the year are as follows: Admitted, 134; whole number under treatment, 468. Discharged, 116. Condition of those discharged: Recovered, 33; improved, 27; unimproved, 15; died, 41. Remaining September 30, 1865, 352.

9. Following some general observations upon the importance of the early treatment of insanity, Dr. Worthington alludes to a very stupid, but a very popular error, by no means restricted to the ordinary public, but quite commonly held by those physicians in general practice who invariably "skip" the papers on insanity in the medical journals.

> Many persons seem reluctant to believe that medicine can minister relief to a mind diseased, and are much more disposed to regard institutions for the insane merely as places of confinement and safe-keeping, than to consider them as they really are hospitals for the recovery and cure of their patients. This is only one of the forms under which the ancient ignorance of everything connected with the true nature of insanity still continues to be manifested, to the great injury of this much neglected class of our afflicted fellow-creatures, and which makes it incumbent on all who wish to elevate their condition, to allow no suitable opportunity to pass without attempting to inculcate more correct ideas on the subject.

At the date of the last Annual Report of the Friend's Asylum, 63 patients were under treatment. During the year 25 more were received, making a total of 88. Of the 22 discharged, 6 were recovered, 4 had improved, 3 were unimproved, and 8 died.

10. The Report of the Blackwell's Island Lunatic Asylum bears the signature of James B. Culbertson, M. D., Acting Resident Physician. It opens with a deserved tribute to the memory of the late Medical Superintendent, Dr. Ranney:

> It is our lamentable duty to record the death, by Typhus fever, on the 7th of December, of our most excellent and worthy Resident Physician, Moses H. Ranney, M. D. He had filled the office of Resident Physician in this asylum for the last eighteen years. He deservedly stood at the head of the profession in the department of which he made a specialty. As an officer in a public institution of

this character, we can only say *he had no superior.* All who came in contact with him, whether officially or otherwise, felt at once that they had found a friend, and one in whom they could place the most implicit confidence. In his death the Institution has sustained a loss which it will be almost impossible to fill.

During the year there were under treatment in this great charity, 1,137 patients. Of these 160 were discharged, recovered; 64 improved; 43 unimproved; and 111 died. Remaining December 31, 1864, 759.

11. Dr. Bancroft announces the completion and successful operation of the new steam-heating apparatus, the work on which was begun two years ago. He pronounces it convenient, efficient and economical, requiring but four-fifths of the fuel required by the old method.

On the 1st of May, 1864, there were 217 patients in the New Hampshire Asylum. Admitted subsequently, 107; making a total of 324 under treatment. The discharges were, recovered, 42; improved, 23; unimproved, 14; died, 22. Remaining in the asylum May 1, 1865, 223.

12. Dr. Van Anden again urges the importance of enlarging the Asylum at Auburn, and of such change in the law as will permit all the criminal insane to be cared for by a provision made exclusively for themselves, and thus prevent their association with other insane patients who have been guilty of no penal offence. Under the present law of organization, this institution accomplishes but half the good for which it was originally designed.

On the first day of October, 1863, the beginning of the fiscal year, there were 79 patients in the Asylum for Insane Convicts. During the year there were admitted from Auburn Prison, 3; from Sing Sing Prison, 3; giving a total of 85 under treatment. Of these 7 were

discharged, recovered; 4 improved, and 3 unimproved. Remaining September 30, 1864, 71. Whole number received since the opening of the asylum, 142. Whole number discharged during the same period, 71, (including 7 deaths.)

13. Dr. Gray adverts to the fact, borne out by accumulated experience, that the efficient causes of insanity are largely physical, and in a great degree avoidable, and that moral causes for the most part act indirectly and collaterally. In this relation he says:

It is confessedly no easy matter to determine, in individual cases, the relative influence of physical and moral causes, and in many instances we may, and do fail entirely to discover any cause; yet we can safely affirm that the disease itself is always physical, and that no moral cause is efficient in its development until the disorder of some function or functions shall have been induced by loss of sleep, defective, perverted or arrested nutrition, or the exhaustion of the cerebral powers by intense or prolonged action. Thus grief, anger and other emotions and passions, while always impressing and affecting the physical man, cannot of themselves induce the mental state termed insanity. So also with intense application to study or business.

There can be no disease of mind. The term mental disease, as used by medical men, implies abnormal mental manifestations, the results of bodily disease. The prolonged mental disturbance called insanity, is no more a disease of the mind than is the transient delirium accompanying fever and other affections. The practical lesson we would deduce, is the importance of preserving the general health, as the only sure prophylactic or preventive means against insanity. If the professional or business man finds his general health giving way under excessive application, the part of wisdom is to abate or cease work for a time, and allow the recuperative agencies of the system to build up a new stock of tissues. If intense or prolonged grief or anxiety are consuming all the vital resources, taking away the appetite and sleep, let the sufferer clearly understand the danger consequent, and secure sleep by appropriate medical remedies, and take food as a matter of duty, and make full and continuous efforts in

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There can be no disease of mind. The term mental disease, as used by medical men, implies abnormal mental manifestations, the results of bodily disease. The prolonged mental disturbance called insanity, is no more a disease of the mind than is the transient delirium accompanying fever and other affections. The practical lesson we would deduce, is the importance of preserving the general health, as the only sure prophylactic or preventive means against insanity. If the professional or business man finds his general health giving way under excessive application, the part of wisdom is to abate or cease work for a time, and allow the recuperative agencies of the system to build up a new stock of tissues. If intense or prolonged grief or anxiety are consuming all the vital resources, taking away the appetite and sleep, let the sufferer clearly understand the danger consequent, and secure sleep by appropriate medical remedies, and take food as a matter of duty, and make full and continuous efforts in

directing the attention from sources of sorrow by devotion to practical duties. The abstraction of the mind into useful and pleasurable channels, even for brief periods, will interrupt and at length overcome the morbid current of thought, if in the meantime sleep and nutrition are secured.

The operations of the State Asylum, at Utica, for the year ending November 30, 1864, were as follows: Number of patients at the commencement of the year, 534. Received subsequently, 319. Whole number treated, 853. Daily average under treatment, 560½. Discharged, recovered, 109; improved, 44; unimproved, 84; not insane, 4; died, 48. Total discharged, 289. Remaining November 30, 1864, 564.

14. In this, his last Report as Superintendent of the Central Ohio Asylum, Dr. Hills advocates a special establishment for the chronic insane of the State, for whom no provision exists. The class now without proper care and treatment he estimates at not less than one thousand. He recommends:

1st. Procuring a farm with 500 acres, near a railroad, with good building stone, water and fuel. 2d. The erection of two buildings, one for each sex, for, perhaps, one hundred each, and admitting these two hundred promptly. 3d. Adding annually other buildings, and promptly receiving the patients until the maximum number was provided for. These buildings to be clustered in village style, each with its yard and other surroundings. 4th. The first attention should be given to the health, comfort and happiness of these patients, and the next to developing their industrial powers and capabilities, with the combined object of health, happiness and self-support. 5th. The establishment to be officered with a Board of Trustees, Superintendent, Assistants, Steward and Matron, as the asylums are. 6th. When this institution has grown to the extent that prudence or experience dictates, another of like character to be started elsewhere. 7th. The designation to be "Farm Home for the Insane," or, in view of the village style of building suggested, "Hamlet Home for the Chronic Insane."

Dr. Hills expresses his unhesitating belief in the feasibility of making such an establishment "nearly self-supporting." In corroboration of this opinion he refers to the so-called Colony of St. James, in France. This, he says, is "the most perfect example of an institution truly self-supporting." That our readers may learn to what extent the Colony of St. James is "self-supporting," we present the following extract from Prof. Charles A. Lee's description of his visit to this famous private Asylum, in 1862, and published in the Fifth volume of the *American Medical Times*. The paper from which this extract is taken contains—so Dr. Hills informs us,—"the best published account of this institution:"

> During the last twelve years, in spite of many discouragements and obstacles, this institution has been constantly increasing in prosperity. Beginning with 735 patients, it has now over 1,300—1,200 being the number to which it is limited by Government—551 males, and 666 females; of whom 1,012 are indigent, and 215 pay-boarders. Patients are sent to it from three departments, who pay one franc per day for males, and 95 centimes for females. The pay-patients pay from $600 to $1000 per year, according to accomodation, number of attendants, etc. In short, the institution is not only self-supporting, but a source of wealth to its proprietors.

Assuming that in 1,012 indigent patients the sexes are equally divided, (for this is not shown in the above extract,) it appears that the Proprietors receive $36,938 per annum for the support of 506 indigent males, and $36,121,10 for 503 females; or a total of $73,059,10. They receive from $600 to $1000 per annum from each of 215 private patients. Assuming $800 as the mean, the receipts from this source will amount to $172,000. The yearly receipts, therefore, from these two classes, will make a

grand total of $245,059,10, which divided by 1227,* the whole number of patients, gives $199.72 as the average yearly, or $3.84 as the average weekly income from each patient.

We fear that Dr. Hills and the learned Professor had forgotten their early lessons in Daboll's Arithmetic, when they put forth the assertion that the Colony of St. James "is a truly self-supporting institution."

The Central Ohio Asylum admitted 163 patients during the year, and treated 415. There were discharged, recovered, 93; improved, 16; unimproved, 29; died, 12. Remaining Nov. 1, 1864, 265.

15. This is a private institution at East Portland, under the charge of Drs. Hawthorne and Loyea. The insane poor of Oregon are sent there by special contract with the State authorities. The report of the proprietors for the fifteen months ending Dec. 1, 1865, is received. From it we learn that the total of patients treated from Sept. 1, 1864, to Dec. 1, 1865, was 105. Of these 24 were discharged cured, 4 escaped; 9 died.

De La Folie Consecutive aux Maladies Aigues. Par le Dr. E. Mugnier. Paris: 1865.

On Insanity following Acute Diseases. By Dr. Mugnier.

When all rare and startling phenomena were supposed to have a supernatural origin, no wonder that insanity was held to be nothing less than demoniacal possession. And so at a later period, when it was vaguely felt that nature holds within herself almost infinite power, this

* There is some discrepancy in the figures which give the whole number as over 1300, and those which follow. As the latter agree with each other, our calculations are based on a total of 1,227.—Eds.

mysterious disorder was, consistently enough, attributed to the influence of the moon and stars. But it is remarkable that at the present time, with all our boasted knowledge, we have advanced little farther than to fully recognise our ignorance in respect to the causation of mental disease. Although we are practically a thousand times better prepared to deal with it and its unhappy subjects than were the Egyptians, or the Europeans of the middle ages, yet our speculative curiosity is baffled here as it is in the investigation of no other class of natural phenomena so general, and so apparently within our reach. It is true, there is no series of vital phenomena, not even the shortest and least complex, of which we can trace every step, from first to last. Yet the cause—meaning by this term, the necessary and constant antecedent—of the numerous morbid changes in the living organism, is perfectly well settled. Smallpox, for instance, arises from contagion, and never *de novo*. Certain symptoms attend its invasion, a specific form of lesion marks another stage, and, after a definite period, it tends toward a termination, in death or recovery. How totally different from this is insanity, to which not a single fact in human knowledge has any constant relation, either as its immediate or remote antecedent. Heredity, the most important perhaps, can not be traced in one-half the cases. Of the conditions immediately preceding an attack of insanity, we should say insomnia is the most generally present; but how often the disease is ushered in by days of drowsiness or stupor. And as this stupor may be followed by a paroxysm of mania, or a period of sleeplessness be succeeded by dementia, so may the symptoms of these two disor-

ders replace each other, or even be blended together, in the same attack.

It is, however, this problem of causation which must be in some degree solved before further progress can be made in the treatment of insanity. This is believed to be true, indeed, of the present stage of research in all diseases. Their etiology and natural history are now the chief points of study. Nor can we, in our investigations, entirely neglect the mental for the physical, as some have recommended. It is a necessity of human thought that mental phenomena be regarded as having a twofold aspect. The hope that pure metaphysics will add to our positive knowledge of mind is, of course, at an end. The strongholds in which nature has preserved her dearest secrets are now acknowledged impregnable to direct assault in this way. But there is a truly scientific psychology, in which the manifestations of mind are studied objectively, and principally in their evolution and growth. This special direction of thought deserves all possible aid and encouragement.

Still, it must be confessed that hitherto all our practical, and whatever we have gained of scientific knowledge of insanity, has come through its study from the side of physics, and chiefly in its analogies with bodily disease. This is what has stimulated to the frequent proposal of classifications founded on its etiology or pathology, as a substitute for the old ones based upon symptoms. And the success with which in this way we have made solid ground on the quicksands of mental disease, is really encouraging. When we can connect a case of insanity with certain hereditary facts, with habits of intoxication, with the puerperal state, with general paresis and other nervous derangements, there is no

doubt that we thereby throw a flood of light upon questions of treatment and prognosis.

It is to extend our knowledge in this direction, that the book of Dr. Mugnier has been written; and the author seems to have had excellent opportunities for noting and collecting cases with a view to such an attempt. He has studied in the wards of the Salpêtrière with the eminent Dr. Baillarger, and had free access to the voluminous records of that hospital. To the cases derived from this source he adds several, a part of which have not heretofore been published, from the note-books of Drs. Thore, Delasiauve, and Morel. There are of the whole forty-three, in twenty-two of which insanity followed typhoid fever, and in all but three of the remainder bore the same relation to cholera, pneumonia and pleurisy, or acute articular rheumatism. In eleven cases the form of insanity was mania; in twelve, acute dementia; in six, melancholia; in eight, monomania of ambition; in four, hallucinations; and in two, general paralysis. The cases following typhoid fever, Dr. M. thinks specially worthy of attention. Of these, twelve were acute dementia, five of monomania of ambition, three of melancholia, and two of hallucinations. None were cases of mania. Surely there is not enough in this view to more than suggest typhoid fever as a specific cause of insanity. The cases are too few, and there is too great a variety in the forms of the secondary disorder. But let us say that Dr. M. puts forth no claim to the discovery of a new form of mental disease. He has observed and collected together a certain number of well-attested cases, having several important relations in common. And when these points of resemblance are stated, no doubt our readers will deem them of sufficient interest

to warrant the labor expended upon them. They are not mere cases of delirium arising in the acute stage of fever, although such deserve more attention than they have received. Nor are the cases of dementia those in which this condition corresponds to the stage of extreme vital depression in fever. The insanity, of whatever form, has supervened after convalescence from the bodily disease was established. The maniacal cases are of the kind classed by Dr. Baillarger under the head of congestive mania. It is this form of mania which ushers in general paralysis, and certain writers have considered it as always indicating the first stage of that disease. Dr. Schalger, of Vienna, has given the name of typho-mania to the mania which succeeds typhoid fever. In England and in this country the term is used to denote that form of acute mania not connected with typhoid fever, which has also been called "exhaustive mania," "asthenic mania," and "Bell's disease." Finally, typhoid fever was deemed by Esquirol a predisposing cause, merely, in cases observed by him. Max Simon, several of whose cases are comprised in the collection of Dr. Mugnier, believes, on the other hand, that the fever is the immediate and determining cause of the mental disorder. But the truth is, we have not the means as yet of forming a probable opinion upon this point. A single but most serious defect, which appears in the cases so carefully collated by Dr. M., will make this but too apparent. In nine only of the forty-three cases, was the question of heredity and other predisposing causes carefully inquired into. That this must greatly detract from their value, it is not necessary to say. But we are almost in despair of any advance in the etiology of insanity, when we think how imperfect in this very

respect our cases must inevitably be. We suppose all who have studied mental disease in the wards of an hospital—and unhappily it is little studied elsewhere—have had the same disheartening experience. Of the predisposing causes not only, but of the entire prodromic stage of the disease, and of its earliest symptoms, our knowledge is often entirely wanting, or at the best most unsatisfactory. We may from this derive an unanswerable argument, against those who would extend and strengthen the system of specialties in medicine. They seem at first to heighten practical skill, by directing it solely to one class of cases, but in the end are found unfavorable to real progress. Through them we are pretty certain to lose in breadth, what we gain in concentration of view. Without free and constant communication between them, and with the profession in general, we are convinced that the highest success can not be attained in medical science.

As, unfortunately, in more than three-fourths of these cases it can not be known whether any predisposing causes exist—for such conditions as age, climate and season are really not worthy of notice—Dr. M. does not feel warranted in considering the acute disease anything more than an exciting cause of the subsequent insanity. We should differ with him, we confess, in his opinion that the proximate cause in the greatest number of cases is a cerebro-meningeal congestion. It is generally to be observed, no doubt, but, it seems to us, always as the result of deranged nutrition, the ultimate fact, as we believe, in the physical series.

In 12 of the 22 cases of typhoid fever, the form of insanity was dementia. This we should have anticipated, from the extremely debilitating character of the

bodily disease, and nothing is left to be inferred as a result of any specific influence.

The results of treatment in the 43 cases were, 37 cured, 4 died, and 2 not ascertained; an average of 8 cures out of 9 cases. "The average ratio of cure," says Dr. M., "in the various forms of insanity, taken together, is 1 in 9." He certainly can not have read attentively the reports of asylums in this country. In nearly one-half of his cases, the duration of the insanity has not been more than one week. The prognosis, then, is most favorable, as to the prospect of a certain and speedy cure.

Nevertheless, the treatment is a matter of great importance. Where circumstances favor it, this may be carried on in the family of the patient, if the disease takes the form of dementia. But all cases of mania, melancholia, and especially those of hypochondria and of monomania of ambition, should be treated in an asylum, and strictly secluded from their relatives and friends. The further treatment should be rather through regimen and hygienic means, than medicines proper. In the cases of dementia, a purely tonic treatment is indicated. In acute delirium and persistent mania, baths are especially recommended. These should not be of the extreme duration practiced by Dr. Brierre de Boismont—that is, from 18 to 20 hours—but may be given for 5 or 6 hours each day, and continued uninterruptedly during two, three, or even four months, if necessary.

The question is asked, whether the menstrual flow, which, in cases of females similar to the above, is usually suppressed, should be brought on by medicines at the proper time. Dr. Baillarger is opposed to such a practice. He believes that a complete and permanent cure

may be effected, even when the suppression persists; and finds that, after a time, the function will return without artificial aid.

It is important, again, in a medico-legal point of view, that the subject of insanity following acute diseases should be carefully studied. In cases involving such great responsibility as those of criminals and testators, where life and property chiefly depend upon a correct diagnosis, every circumstance which has the least bearing upon the issue, is of importance. Finally, the following *résumé* is submitted in conclusion:

1. There is a certain number of acute diseases liable to be followed by insanity.

2. Apart from the puerperal state, and from the various kinds of intoxication, which have not been considered here, these diseases are, especially, typhoid fever, pneumonia, and cholera; more rarely, the eruptive fevers, and acute articular rheumatism.

3. Insanity appears to be connected, in these cases, with an active or passive congestion of the brain, coincident, often, with a condition of general anemia.

4. The forms of insanity most frequently found in this connection, are acute dementia and mania; less frequently, ambitious monomania and hypochondriacal melancholia.

5. New investigations are necessary to establish the *rôle* of heredity in the causation of these cases.

6. The prognosis is, in general, extremely favorable, and the duration of the insanity very brief.

7. A tonic system of treatment succeeds best, in the great majority of cases.

Obscure Diseases of the Brain and Mind. By FORBES WINSLOW, M. D., D. C. L., Oxon., etc. Philadelphia: Henry C. Lea. 1866.

The second American, from the third English edition of Dr. Winslow's valuable treatise has just reached us, from the well-known publishing house of Henry C. Lea, late Blanchard & Lea. The work was reprinted by this house soon after its first publication in England, in 1860, and took rank at once among standard medical books. As it received a somewhat extended notice at that time in the JOURNAL,* we need only refer to it briefly at present.

We believe that a work of real value may suffer more harm from indiscriminate and excessive praise than from any degree of unjust criticism. If this be so, Dr. Winslow has the best possible grounds of a suit for damages against the reviewers.

They have lauded his work as the "master-effort of a great philosopher," a miracle of science, a model of classical English, and a treasury of practical knowledge of inestimable worth. If they had looked over the preface, they would have found that it has no philosophical or scientific purpose, and is not devoted especially to the medical treatment of insanity. The author's object is to excite a more general interest in the study and observation of mental disease, by describing its premonitory and earliest symptoms, which are so generally unrecognized, or passed over as of little account. To this end he has pointed out the great variety of morbid symptoms which are found in the intelligence, perception, feelings, instincts, special senses and sensation, and made them more impressive by means of cases forcibly and

*Vol. XVII., No. II.

vividly described. Thus the work is almost as much a popular as a professional one, and fitted to produce a good effect among a large class of the reading public.

But the profession has a right to expect something more formally scientific, and of more solid worth, from the pen of one so talented and of such ample experience as Dr. Winslow. Indeed, we cannot forget that the present work was first announced as merely the introduction to two more elaborate ones, dividing between them the whole field of cerebro-mental disorders. Is it not time that one of these, at least, was forthcoming? We hope that the great applause awarded to their forerunner may not have filled the measure of Dr. Winslow's ambition for critical favor. To his solid and lasting fame as a writer, he has it in his power still to add; and we hope the profession will not be denied the ripe fruits of a life marked by extensive research and diligent observation.

The Principles of Surgery. By JAMES SYME, F. R. S. E., Surgeon in Ordinary to the Queen in Scotland, Professor of Clinical Surgery in the University at Edinburgh, Member of the General Medical Council, etc. * * * To which are appended his treatises on "The Diseases of the Rectum," "Stricture of the Urethra and Fistula in Perineo," "The Excision of Diseased Joints," and numerous additional contributions to the Pathology and Practice of Surgery. Edited by his former pupil, DONALD MACLEAN, M. D., L. R. C. S. E., Professor of the Institutes of Medicine, and Lecturer on Clinical Surgery, Queen's University, Canada. Philadelphia: J. B. Lippincott & Company. 1866.

From the high reputation of its author, the above volume must attract considerable attention. As indicated by the title, the scattered writings of Professor Syme have been collected by the Editor, and constitute

an important appendix to the original work. It is not intended to form a complete Treatise, or "to collect all that might be said in regard to each subject, but rather to collect what seems of most importance, and arrange it in a convenient order for teaching or study, so as to constitute a framework of surgical science which might be filled up through the gradual acquisition of professional knowledge."

We cannot, within present limits, give the work that thorough review which it merits, but must content ourselves with giving the reader merely a running account of its contents.

It is divided up into twenty-five chapters, and comprises all the surgical diseases affecting the different tissues of the body. The first six chapters discuss Inflammation and its processes, and may be considered in the light of a general introduction to what follows. We find, however, nothing to invite special consideration in these several chapters. The subject is well treated and conveniently arranged.

Chapter VII is devoted to the discussion of *Tumors*. The interest which attaches to these morbid growths warrants some allusion to our author's views. By Tumor, Prof. Syme understands, "an enlargement of a part of the body beyond its natural dimensions, which may be owing to the effusion or accumulation of fluids, as in hydrocele; the displacement of organs, as in hernia; or morbid growths, as in wens;" and under the latter heading (morbid growths) he includes: 1. Simple enlargements of the natural tissues, as exostosis. 2. The conversion of them into textures foreign to the healthy constitution of the body, such as cancer of the breast. 3. The development of entirely new formations, such

as fibrous tumors. After stating the different portions of the body affected by these different kinds of growth, and the three established modes of their treatment, he speaks of the uncertainty attending the microscopic examination of tumors in general. The views which he holds in this respect are so positive in their nature, and so unequivocally expressed, that we quote them in full:

> Of late years, the microscopical investigation of morbid growths has been pursued with great assiduity, in expectation of its affording better characters for discrimination than those appreciable by simple inspection. But the hopes thus entertained have been very imperfectly realized, in consequence of the variations connected with diversity of texture; and it must be confessed that little, if any, practical advantage has been obtained from this source—while the trust reposed in it, by withdrawing attention from the diagnostics presented by the sensible qualities, attendant circumstances, and histories of tumors, has in many cases led to the most serious mistakes. It is not impossible that the microscope may yet penetrate the obscurity which now renders its observations so uncertain; and then the distinctive characters hitherto in use may be safely laid aside.

We are disposed to believe that Prof. Syme has not given the microscope its fair share of credit. While agreeing with him that a great many hopes have been raised in regard to the utility of this instrument which have not yet been realized, we are, nevertheless, convinced that its employment has thrown much light upon the subject. It should be borne in mind, however, that in common with most surgeons in extensive practice, the Professor has not found time and opportunity for microscopical research, and therefore his assertions have not the impress of authority.

Prof. Syme makes a general division of tumors into: 1st. Sarcomas, and 2d. Encysted growths. The Sarcomas are classified under the respective heads: Simple,

Adenoid, Adipose, Fibro-cartilaginous, Cystic, Carcinomatous, Medullary and Scrofulous. The peculiar characteristics of the different growths making up the second class, (the Encysted,) are designated by the nature of their contents, as Meliceritious, Atheromatous and Steatomatous. Although the remarks upon the different kinds of growth are eminently practical, and tend to give to the mind of the reader a clear idea as to their marked characteristics, they are hardly fitted to the requirements of the practitioner. The distinctions between the different varieties are lucid and truthful, but there are many omissions, purposely made no doubt, to divest the subject of that mystification which disheartens the beginner. In fine, the whole is designed as a mere outline for the student—a foundation for him to build upon at the outset of his labors in this important branch of pathology.

As would be inferred from the author's reflections upon the microscope, very little is said of the microscopical characters of the growths. His division of tumors is certainly simple and intelligible, and to one not practically conversant with the embarrassments which arise, the subject would seem to be one easily mastered. That this impression should not take too firm hold of the reader, the author, at the close of the chapter, points out the difficulties in the way, and this he does so forcibly and effectively as to rob the foregoing remarks of much of that practical value which otherwise they might be thought to possess.

In the succeeding chapter the diseases of Blood-vessels are taken up. In the treatment of the different varieties of aneurism ample evidence is adduced of the author's commitment in favor of the ligature as "the quickest, easiest, most certain, and least painful means

of remedy." A chapter on Injuries next follows, and then one on Amputations. The most interesting part of the latter is the description of the author's method of removal of the foot at the ankle joint, an operation which has been so successful of late on both sides of the Atlantic.

The chapter on Diseases of the Bones is comprehensive and interesting. The only point that may be referred to in the chapter on Joints is the old-fashioned plan of treatment recommended in the morbus coxarius, and as a consequence, disapproval of excision of the diseased parts, and non-advocacy of the method by extension.

Passing by several unimportant chapters, we arrive at chapter XVIII., the most interesting in the whole body of the work. In it, stricture of the urethra is treated of in the style of one practically and thoroughly conversant with the subject. In the treatment of this troublesome affection, catheterization is relied upon whenever practicable, and the use of the knife where milder means fail. The operation, by external excision, which bears the author's name, is strongly advocated. The remaining chapters on the Nose, Eye, Genital Organs, etc., are interesting, and will each repay a careful perusal.

The work on Principles, as a whole, does not disappoint the reader. By no means a complete treatise, it nevertheless possesses very many attractions for both student and practitioner. To the former, it is a guide to future studies; to the latter, it imparts many useful and practical hints derived from the experience of one of the most eminent of living surgeons.

While, however, the main body of the work may be justly regarded as incomplete, the Appendix amply atones for the deficiencies. This, to the practical surgeon, forms the attractive feature, and is itself worth the cost of the volume. The profession on this side of the Atlantic are under obligations to Dr. Maclean for his judicious forethought and good taste in thus preserving, in a permanent form, the most valuable of Professor Syme's writings. These consist of a monograph on "The Diseases of the Rectum," one on "Stricture of the Urethra," and one on "The Excision of Diseased Joints," besides which there are reports of a large number of interesting cases which afford foundation for valuable clinical observations.

The book is handsomely printed in large, clear type, on tinted paper, and the wood-cuts are excellent.

On Wakefulness: with an introductory Chapter on the Physiology of Sleep. By WILLIAM HAMMOND, M. D. Large 12 mo., pp. 93. J. B. Lippincott and Company. Philadelphia: 1866.

Dr. Hammond's essay ON SLEEP AND INSOMNIA, published in the *New York Medical Journal,* and noticed *in extenso* in our October issue, constitutes the basis of this interesting monograph. The original memoir has been materially enlarged and in some parts entirely rewritten, and, as the Preface informs us, "is now published at the suggestion of several friends, who were of the opinion that it was deserving of a more permanent form than that afforded by the pages of a periodical." The book is issued in a style highly creditable to the taste of the Publishers.

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SUMMARY.

THE MICHIGAN ASYLUMS FOR THE INSANE, AND DEAF, DUMB AND BLIND.—The following remarks were made by the Hon. E. G. Morton, in the Michigan House of Representatives, March 4th, 1865, on the Bill making an appropriation to complete the building for the asylum for the Insane, at Kalamazoo. As the gratifying result of this speech, and of the forcible arguments and recommendations of the Report of the Legislative Committee of the Senate and House, ninety thousand dollars were appropriated for the purpose mentioned in the Bill:

MR. CHAIRMAN: The Asylums in Michigan have more than ordinary claims to the favorable consideration of the Legislature. Their inmates, while living in the world, are shut out of it by calamity and misfortune. They are not noisy here in their importunities, like those who throng these Halls for money, lands and public property, in their eagerness for gain. The deaf do not hear, and are scarcely heard, for they live in a little world of their own. The dumb are mute. The blind do not see their way to this capital in the wilderness. The insane, with shattered minds, are too absorbed in their wild imaginations, startling fancies and horrid delusions, to seek or care for our aid and protection. No, sir, they have no interested lobbies here to present their claims, and God knows they should never need them. And yet they speak to us in language that moves the soul in their behalf, through Him who opened the eyes of the blind, caused the dumb to speak, and cast out evil spirits. And if the deaf, the dumb, and the blind challenge our sympathy and aid, and we all believe they do, the insane have even more pressing and peculiar claims upon us. If they are not deaf, the sweetest melody may be frightful discord to them, and the sound of a friendly voice may startle them with alarm. If they are not dumb, their speech is not the speech of

sanity. If they are not blind, they see not with a sane vision. The glorious sunlight of Heaven is often delusion to them, and the most pleasing sights may be to them alarming spectres.

Indeed, sir, the insane are deaf, and dumb and blind, while they hear, and speak and see—for reason is dethroned. The mind, the soul, the God-like and God-given monarch to direct and govern man in this world of life, is wrecked, and like wrecks on the great deep without chart, compass or rudder, is driven, now in frantic madness, as if by a furious tornado, and now mute and calm, while wrapt in visions and fancies as unreal as the whims of delirium.

Insanity, sir, deranges the mind as volcanic forces do the geological strata of the earth, into a confused mass of ruins; and as the mind is more important than the body, so the calamity which impairs or destroys it, is greater than that which affects or destroys merely the sense of hearing and seeing, and the power of speech.

And now, while war and suffering are adding fearfully to the number of insane, as legislators we should prepare a home for their care and protection. This is peculiarly necessary in *their* case, if a cure is to be effected, as it is well known that restoration to reason—to real life and happiness—seldom occurs unless immediate relief is afforded. Their case then is the more pressing, and is of that peculiar nature which forbids delay, or a parsimony that can with more justice be applied in providing for many other State institutions.

And now, sir, a few words in regard to the Asylum for the Insane, its capacity, situation and wants; and the duty of supervisors, or other local authorities, who have the insane at their disposal.

The Asylum at this time contains some 180 patients, which is some fifty more than its rated capacity; and about twenty applications for admission are made every month. Such facts show us, at once, the necessity of enlarging the institution by the construction of the north wing, for which the appropriation is now asked, and which is absolutely necessary. Let this be completed, and the entire building will immediately be filled to its full capacity; and even then we should be prepared to erect another addition or building for those who are hopelessly insane, as all the patients will be best cared for by so doing, while not only their interests, but the wants of the State will demand it. With the north wing completed, the building will be some 1,000 feet long. In view of its present magnitude, many persons imagine that it should afford accommodations for a larger number of patients. They do not understand that it is necessarily divided into wards,

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MR. CHAIRMAN: The Asylums in Michigan have more than ordinary claims to the favorable consideration of the Legislature. Their inmates, while living in the world, are shut out of it by calamity and misfortune. They are not noisy here in their importunities, like those who throng these Halls for money, lands and public property, in their eagerness for gain. The deaf do not hear, and are scarcely heard, for they live in a little world of their own. The dumb are mute. The blind do not see their way to this capital in the wilderness. The insane, with shattered minds, are too absorbed in their wild imaginations, startling fancies and horrid delusions, to seek or care for our aid and protection. No, sir, they have no interested lobbies here to present their claims, and God knows they should never need them. And yet they speak to us in language that moves the soul in their behalf, through Him who opened the eyes of the blind, caused the dumb to speak, and cast out evil spirits. And if the deaf, the dumb, and the blind challenge our sympathy and aid, and we all believe they do, the insane have even more pressing and peculiar claims upon us. If they are not deaf, the sweetest melody may be frightful discord to them, and the sound of a friendly voice may startle them with alarm. If they are not dumb, their speech is not the speech of

sanity. If they are not blind, they see not with a sane vision. The glorious sunlight of Heaven is often delusion to them, and the most pleasing sights may be to them alarming spectres.

Indeed, sir, the insane are deaf, and dumb and blind, while they hear, and speak and see—for reason is dethroned. The mind, the soul, the God-like and God-given monarch to direct and govern man in this world of life, is wrecked, and like wrecks on the great deep without chart, compass or rudder, is driven, now in frantic madness, as if by a furious tornado, and now mute and calm, while wrapt in visions and fancies as unreal as the whims of delirium.

Insanity, sir, deranges the mind as volcanic forces do the geological strata of the earth, into a confused mass of ruins; and as the mind is more important than the body, so the calamity which impairs or destroys it, is greater than that which affects or destroys merely the sense of hearing and seeing, and the power of speech.

And now, while war and suffering are adding fearfully to the number of insane, as legislators we should prepare a home for their care and protection. This is peculiarly necessary in *their* case, if a cure is to be effected, as it is well known that restoration to reason—to real life and happiness—seldom occurs unless immediate relief is afforded. Their case then is the more pressing, and is of that peculiar nature which forbids delay, or a parsimony that can with more justice be applied in providing for many other State institutions.

And now, sir, a few words in regard to the Asylum for the Insane, its capacity, situation and wants; and the duty of supervisors, or other local authorities, who have the insane at their disposal.

The Asylum at this time contains some 180 patients, which is some fifty more than its rated capacity; and about twenty applications for admission are made every month. Such facts show us, at once, the necessity of enlarging the institution by the construction of the north wing, for which the appropriation is now asked, and which is absolutely necessary. Let this be completed, and the entire building will immediately be filled to its full capacity; and even then we should be prepared to erect another addition or building for those who are hopelessly insane, as all the patients will be best cared for by so doing, while not only their interests, but the wants of the State will demand it. With the north wing completed, the building will be some 1,000 feet long. In view of its present magnitude, many persons imagine that it should afford accommodations for a larger number of patients. They do not understand that it is necessarily divided into wards,

eight for males, and eight for females, and thus classified for different degrees of insanity; and that it is impossible, when a class is filled, to successfully treat a case which belongs to that class in another class or ward. A knowledge of this fact by persons applying for the admission of patients, would save the institution from much unjust and undeserved censure. The design is, in time, to make the Asylum a self-sustaining institution. This might be done now, if the indigent were excluded to make room for more wealthy applicants. But this would be against the humane policy of the State, as the wealthy have the means of access to other Asylums, while in our State Asylum the poor have the preference at about one-third the expense which applicants of means would cheerfully give for admission.

Again, sir, in regard to the policy of county authorities who have the care of the insane. In some counties they have retained them from the Asylum as long as possible, even when there was room for their reception, to prevent them from becoming a county charge, as they do become when placed in the Asylum. Now, what is the result? They are retained, in many cases, until they become hopelessly insane, and then, when there is little or no hope of recovery, they are sent to the Asylum to become a permanent charge upon their counties, when, had they been promptly provided for in the Asylum, a cure would have been almost certain, and the tax on the counties much less. It is, therefore, a short-sighted policy, even in a pecuniary point of view, to neglect the insane a moment after insanity commences; and, to take no higher view of the subject, it will be short-sighted policy for this great State to withhold the necessary appropriation for enlarging the institution and its usefulness in the future. To vote it we shall save hundreds of the unfortunate to society, and the people from permanent taxation for their support. Wayne county, it is said, formerly pursued this policy, and retained her insane from the Asylum, much to her regret and detriment, as subsequent events demonstrated.

The history of asylums for the insane in this country, including our own at Kalamazoo, shows the encouraging fact that eighty to ninety out of every one hundred new cases may be successfully treated and cured, if promptly attended to, while only twenty to twenty-five in a hundred are cured after unreasonable delay, and seldom, if ever cured, after the cases become chronic. These facts should be known throughout the State, that our authorities may act

more intelligently and humanely in the future; and when known, the tax-payers of Michigan, instead of condemning us for making this appropriation, will condemn us if we withhold it.

There are periods in our lives when we meet duties which require higher views and motives than the consideration of the mere dollars and dimes they involve. The case before us is of this character. Justice and humanity require us to meet it like men. It is our duty to sustain liberally all of our humane institutions, and more especially the Asylum for the Insane. It is a State institution. It belongs to the people. As legislators we should watch and guard this Asylum and inmates, as a father cares for his home and family. To do so is to discharge a duty to our common humanity. An appropriation to sustain it is an appropriation to Almighty God. It is laying up treasures in Heaven.

Conjunctivitis in Mania.—M. Berthier states that he has observed in cases of mania a form of conjunctivitis not noticed by writers on insanity. At first there is a redness of the eyes resembling that in persons who have slept little or wept much; and this, usually accompanied by moisture or lachrymation, in the end becomes a true erythema, which invades the entire conjunctiva at the time of the paroxysm, and disappears when this subsides. If these paroxysms are frequently renewed the phlogosis gains deeper hold, and gives rise to blepharitis, epithelial dryness, pulverulence of the ciliary edge, and falling of the eyelashes. This affection exhibits the peculiarity of resistance to all remedies, whatever these may be, still following the progress of the paroxysm and yielding only with it. Generally speaking, it does not go beyond the stage of superficial vascularity. Since his attention has been called to it, M. Berthier has verified this affection in forty cases of chronic insanity in both sexes, most of these being examples of pure intermittent mania, and a few of melancholia with intercurrent excitement. He has never seen it in calm, continuous insanity. He, therefore, regards this as a form of ophthalmia peculiar to insanity, and dependent upon a specific congestion, and he thinks that the knowledge of its existence may be of use in deciding upon cases of supposed simulated mania.—*Gaz. des Hôp.*

Ptyalism of the Insane.—M. Berthier, of the Bourg Asylum, concludes a memoir upon this subject in these terms:—Chronic ptyalism of the insane depends; (1). Upon atony of the *primæ viæ*, and this should be combated by a substantial regimen; (2). Hallucinatory sensations, requiring moral agents in their treatment; and (3). Excessive general excitement, for which the sedatives and antispasmodics suitable to the mania are indicated. Of all these the last is the most obstinate, because it is inherent in the principal disease. The two first are easily treated, with the aid of time.—*Gaz. des Hôp.*

A Suggestion.—In view of the peculiar affliction which has visited the honored head of the Government Hospital for the Insane, at Washington, since the last meeting of the Association of Superintendents, we would suggest to the officers of this body the propriety of changing the place of meeting in April, from the National Capital, to Baltimore or Philadelphia.